

**REQUEST FOR PAYMENT
ROCKY MOUNTAIN REGION 8
SWEET ADELINES INTERNATIONAL**

Date _____
Pay to: (NAME AND ADDRESS or PAYPAL EMAIL)



Explain fully and attach supporting receipts for reimbursement.
MUST HAVE RECEIPTS - Please attach or scan
MILEAGE IS FIGURED AT $\$0.55$ A MILE.

Request for payment must be received by the Finance Coordinator within 45 days of event or purchase to receive reimbursement or payment. Otherwise, it is considered a donation.

Description	Account	check	PayPal	\$ Amount \$

TOTAL _____

Submitted by _____

Approved for payment by _____
Finance Coordinator/DIRECTOR

RMT: Send to Finance Coordinator for approval and payment.

Brenda Hershiser
P.O. Box 1238
Craig, CO 81626
hersheybrmt@gmail.com

Payment will be sent out within 2 weeks of receiving RP.

Resource Team Members: Send to your DIRECTOR for approval FIRST!