

RFA Payment Request Form

Date: _____

Name: _____

Email Address: _____

Name of Committee: _____

Payee: _____

Address: _____

Description of Expense	Vendor	Amount
	Total:	

Please attach receipts to Payment Request Form

.....
 For RFA Treasurer use only (check one form of payment):

Debit Card

Online Bill Pay Check #: _____

Handwritten check Check # _____

Amount Paid: \$ _____ Date Paid: _____

Authorized by: _____

Authorized by: _____

(Second signature required for purchases of \$1,000 and over, and for checks made payable to the Treasurer.)