

Invoice Payment Request

Imagine Parents in Partnership



COMPANY NAME:	PHONE: ()
PROJECT/ COMMITTEE:	
DATE SUBMITTED: / /	DATE MAILED: / /
REASON FOR PAYMENT:	
INCLUDED IN ANNUAL BUDGET:	APPROVED AT MEETING (DATE: / /)
CHECK PAYABLE TO:	TOTAL AMOUNT: \$
COMPANY ADDRESS: (Your check will be mailed to you)	

***Invoice(s) totaling the amount of request must be attached.**

Invoice #: _____ Amount: \$ _____

Invoice #: _____ Amount: \$ _____

Invoice #: _____ Amount: \$ _____

Invoice #: _____ Amount: \$ _____

Invoice #: _____ Amount: \$ _____

TOTAL: \$ _____

Approved by (Officer): _____ Date: _____

Approved by (Officer): _____ Date: _____

Invoices submitted after 90 days will not be approved for payment.

For Treasurer's Use Only: Category _____

Check # _____ Date _____ Logged _____