



## Centralized Accounting Expense/Payment Request Form

Request Date: \_\_\_\_\_

Local Program Name: \_\_\_\_\_

Submitted By: \_\_\_\_\_

Type of Request:

- Expense Reimbursement     
  Pay Vendor Directly     
  Cash Advance

Check should be made payable and mailed to or direct deposit:

Name	
Street Address	
PO Box, Suite Number	
City, State, Zip	

<input type="checkbox"/> Checking  <input type="checkbox"/> Savings	Routing Number: <i>only if direct deposit requested</i>	Account Number:
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Expense Breakdown:

Vendor Name <i>(if reimbursement)</i>	Clear & Brief Description of Purchase	Event	Cost
<i>Examples: Target, Quality Inn</i>	<i>Examples: Basketballs, Uniforms, Office Supplies, Lodging</i>	<i>Examples: Basketball, Soccer, General Office</i>	<i>21.16</i>
<b>Total Check Request Amount:</b>			

Submitted by Signature: \_\_\_\_\_

Regional Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_

President/CEO Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing this document you acknowledge that, to the best of your knowledge, the information on this form is true and accurate. Receipts must be attached for reimbursement. Attach invoice from vendor.**