

**PAYMENT REQUEST FORM**

Wing Account

Date of Request: \_\_\_\_\_ Total Amount: **\$** \_\_\_\_\_ -

Method Paid: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Payee's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Itemized Expenses	Description	Amount
Line 1:	_____	<b>\$</b> _____ -
Line 2:	_____	<b>\$</b> _____ -
Line 3:	_____	<b>\$</b> _____ -
Line 4:	_____	<b>\$</b> _____ -
Line 5:	_____	<b>\$</b> _____ -
Line 6:	_____	<b>\$</b> _____ -
Line 7:	_____	<b>\$</b> _____ -

Comments: \_\_\_\_\_

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**Expenditures in excess of \$1,500.00 require the approval of the Wing Finance Committee**