

KLEIN COLLINS BAND ASSOCIATION

REIMBURSEMENT/VENDOR PAYMENT REQUEST

Request Date

Due Date

Total Amount Due

Pay To

Mailing Address

Description of Purchase

Charge to Account (Budget line item)

Requested By

Transmit Check
Directly To Payee

To Undersigned
for Forwarding

(Printed Name)

(Signature)

*** RECEIPTS/INVOICE MUST BE ATTACHED TO THIS REQUEST

***REQUEST FOR REIMBURSEMENT MUST BE MADE WITHIN 30 DAYS OF PURCHASE

***ALL PURCHASES MUST BE APPROVED BY THE BUDGET OFFICER OR TREASURER IF NOT ALREADY ALLOCATED IN THE CURRENT BUDGET PRIOR TO PURCHASING

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PAYMENT RECEIPT (CREDITS/INCOMING MONIES)

Date

Total Amount Received

Income Generated from

Credits to Account (Budget line item)

Received From

(Printed Name)

(Signature)