

THSPAB Request for Payment Form

Date: _____

Amount: _____

Payee: _____

Payee Address: _____

Reason for Payment:

Class and account of payment to be charged to:

Signature of Approving Parties: _____

- **Original itemized receipts or invoices must be attached to this form.**
- **Expenditures need approval prior to purchase.**
- **Failure to attach receipt or invoices and obtain prior approval may result in forfeiture of reimbursement.**

Treasurer Use Only:
Date paid: _____ Check number: _____
Treasurer Signature: _____