

Patrons Association

Requisition Form for Reimbursement or Payment

Date of requisition submitted _____

Person submitting requisition: _____

cell phone: _____

Check Payable to: _____

Date Needed: _____

Disposition of Check:

_____ Call for Pick-up

_____ Mail Address: _____

_____ Other _____

Event or Committee to be charged: _____

Notes/Details: _____

Receipts for reimbursement must be attached to back of this form and must be signed by chairperson or Patrons Officer before submitted to Treasurer for payment.

Chairperson OR HAPA Officer Authorization: _____

Date: _____