**KOPSC - Payment Request**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Issue to:*** | | Request Date:\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ | | |
| Name: | |  | | |
| Address: | |  | | |
|  | |  | | |
| Phone (need for bill pay, Zelle and Venmo): | |  | | |
| Attention: | |  | | |
| Special Instructions: | | | | |
| Activity: | | | Activity Date: |  |
| Please specify payment type: Check [ ]  Zelle Email [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Venmo account [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Purpose of Payment: |  | | | |
| Amount of Payment: |  | | Due Date: |  |

|  |  |
| --- | --- |
| Requested by: | Signature: |
| Approved by:  **Committee Chair or Board Member**  **see below list and email contact info** | Signature: |

**Instructions:**

* Attach original receipts/copy of contract to support expenditure. Payment for reimbursement will not be made until receipts are received.
* **Requests must be approved by committee chairperson/officer. Approvals via email are acceptable but the approval must be included with the check request.**
* Payments will be sent to the address listed above unless you make a notation to send it back you as the requestor/activity leader. In this case, please include your address.
* When sending a check, please accompany appropriate correspondence with payment.
* Please allow 5 days for check issuance.

**Requests should be emailed to:**

[gasoilman1@gmail.com](mailto:gasoilman1@gmail.com)   
**Or can be mailed to:** Gary Hough, 201 Sayre Drive, Princeton, NJ 08540

*Treasurer Use Only:*

|  |  |
| --- | --- |
| *Date Paid:* | *Payment Information:*  *:* |

***BOARD OF DIRECTORS***

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