Request for Payment/Reimbursement To/From

Community: _____**Date:** _____

Payee: _____

Address: _____

Charge Code(s)	Amount(s)	Store/Vendor	Date of Receipt	Description

Total _____   **Requested By:**   _____

Attachments: ☐ **Yes**   ☐ **No**

Approval: ☐ **BOD Email**   ☐ **Contract/Budget**   ☐ **AIL** ☐ **BOD Approval** _____   ☐ **Verbal/Phone Call**
              (*Attached*)   (*Initial*)

AMAG Payables Processing Only: