

# SMCPSRA Request for Payment/Reimbursement

Date \_\_\_\_\_

Pay to \_\_\_\_\_ \$ \_\_\_\_\_

*Please attach a copy of invoice, bill, order voucher, and/or any appropriate document in support of this request.*

Charge to Account/Category \_\_\_\_\_

Purpose or description of item for payment/reimbursement:

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Requested by \_\_\_\_\_ Date \_\_\_\_\_

(Signature)

Payments Approved by \_\_\_\_\_ Date \_\_\_\_\_

Treasurer's Signature (or President's Signature)