

Greater Houston Council of Federated Republican Women PAC
25 Charleston Street North, Sugar Land, TX 77478
(281) 242-9689 (H) (713) 776-3138 (F)
Marilyndavis17@gmail.com

Payment Request

Name: _____ **Date:** _____

Address: _____ **City, State, ZIP** _____

I have incurred the following expenses on behalf of the Council.

___ **Please pay the vendor(s) listed below** \$ _____

___ **I request reimbursement of** \$ _____

___ **I do NOT request reimbursement** \$ _____ **(contribution in kind)**

The President's or Board's approval was obtained prior to the expenditure. Written documentation is attached.

Please attach invoices and/or receipts.

On Date: _____ I paid or incurred \$ _____ to:

Name: _____ If individual, Occupation: _____

Address: _____ City, State, ZIP: _____

For: _____ Purpose: _____
(office held, project, program, etc.) (postage, copies, telephone, etc.)

On Date: _____ I paid or incurred \$ _____ to:

Name: _____ If individual, Occupation: _____

Address: _____ City, State, ZIP: _____

For: _____ Purpose: _____
(office held, project, program, etc.) (postage, copies, telephone, etc.)

This expenditure was approved by: (check on)

Approved by President on _____; Board / Membership ratified on _____

Signed: _____ **Date:** _____
(Person requesting payment)

Approved: _____ **Date:** _____
(GHCFRW President)

To be completed by GHCFRW Treasurer:

Paid: Date: _____ **Check #:** _____