



PAYMENT REQUEST

Invoice or Individual Reimbursement

REMINDERS

- * Attach the **ORIGINAL** receipt or invoice to be paid.
- * Attach an INVOICE and **NOT** a QUOTE.
- * Please also sign any attached invoices and include the invoice number to the right.
- * **No** individual can receive or be reimbursed more than \$300 per event.
- * The mailing address for all online reimbursements **MUST** be *31555 Rancho Vista Rd.*
- * No reimbursements can be made for gift cards.
- * If *multiple receipts or invoices*, complete a Receipt Log and additionally attach.
- * Turn this form into the Activities Director or the Bookkeeper when complete.
- * Ensure that a **W9** is on file with TVHS Bookkeeping.

Pay To: _____

PO Number: _____ Amount: _____

Description (i.e. invoice #): _____

Account: _____

Check one: Mail OR Hand Deliver

Complete box to the left.

CLUB/GROUP APPROVAL

Approval: _____

Group Advisor / Coach

Date Approved: _____

We certify that this request has been approved & recorded in the group minutes.

ASB APPROVAL

Approval: _____

ASB Executive Board Officer

Approval: _____

Activities Director

Date Approved _____

We certify that this request has been approved & recorded in the ASB minutes.

Payment Approval #: P

MAILING ADDRESS:

ATTN:

HAND DELIVERY LOCATION (i.e. which staff member's box):

OTHER NOTES:

REMINDERS

READ THESE

- * Attach the **ORIGINAL** receipt or invoice to be paid.
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- * Please also sign any attached invoices and include the invoice number to the right.
- * **No** individual can receive be reimbursed more than \$300 per event.
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- * If *multiple receipts or invoices*, complete a Receipt Log and additionally attach.
- * Turn this form into the Activities Director or the Bookkeeper when complete.
- * Ensure that a **W9** is on file with TVHS Bookkeeping.

PAYMENT REQUEST

Invoice or Individual Reimbursement

Pay To: Who is the check being written to?

PO Number: 5 digit # Amount: Exact amount

Description (i.e. invoice #): _____
A brief description and the invoice #.
If no #, include the date of receipt.

Account: Which account is it coming out of?

Check one: Mail OR Hand Deliver
Complete box to the left.

CLUB/GROUP APPROVAL

Approval: _____
Group Advisor / Coach

Date Approved: _____
We certify that this request has been approved & recorded in the group minutes.

ASB APPROVAL

Approval: _____
ASB Executive Board Officer

Approval: _____
Activities Director

Date Approved _____
We certify that this request has been approved & recorded in the ASB minutes.

Payment Approval #: P

MAILING ADDRESS:

ATTN:

HAND DELIVERY LOCATION (i.e. which staff member's box):

OTHER NOTES: