



Local & Regional Expense PAYMENT REQUEST

County: _____ Region: _____

Request Date: _____ Prepared by: _____

- **Attach copy of invoice and/or receipt for each item listed**
- **Complete a separate request for each payee**

Check all that apply:

- _____ Fundraising expense (*name of fundraising activity*) _____
- _____ *These are the final expenses associated with this fundraiser*
- _____ Reimbursement to Volunteer
- _____ Payment to vendor
- _____ Electronic payment (*online or credit card payment*)

List expense detail for each invoice or receipt separately:

Vendor	Explanation of Expense	Amount
PAYMENT TOTAL		

Make check payable to:

Name: _____

Address: _____

Checks will be mailed to payee unless otherwise requested.

Review & Approval *(signatures required)*

Requested by Local Volunteer *Date*

Reviewed by Program Manager *Date*

Approved by Finance Manager *Date*

Submit request to: Regional Program Manager who will review & forward to Finance Manager
(Affiliates still operating under Fiscal Sponsorship can submit directly to Pat Schram)

Questions: Pat Schram, pschram@aspsf.org or Mary Hauser mhauser@aspsf.org Phone 479-927-1402