

REQUEST FOR PAYMENT OR REIMBURSEMENT - NORTHWEST REGIONAL DANCESPORT CHAMPIONSHIPS

Amount Requested \$ _____

Authorized in Budget? Yes No

Pay To: Name: _____
 PLEASE Street Address: _____
 PRINT City: _____ State: _____ Zip: _____

Purpose (describe the type of expense and event/activity to which it relates)

**ATTACH ALL INVOICES/RECEIPTS
 NO REIMBURSEMENTS MADE WITHOUT PROPER DOCUMENTATION**

Request By:		Approved By:	
_____	_____	_____	_____
Signature	Date	Signature	Date
_____	_____	_____	_____
Print name and Title		Print Designated Approval Officers Name	

EXPENSES <small>(SHOW COMBINED TOTAL FOR MULTIPLE BILLS IN ONE CATEGORY)</small>	ACCT. No	AMOUNT	Description
Supplies	6000	_____	_____
Telephone	6005	_____	_____
Postage & Shipping	6010	_____	_____
Promotion & Publicity	6065	_____	_____
Printing/Publications	6015	_____	_____
Travel, Lodging, Meals	6020	_____	_____
Facilities	6070	_____	_____
Equipment Rental	6045	_____	_____
Awards	6040	_____	_____
Judges/Lessons/Shows	6075	_____	_____
Miscellaneous	6500	_____	_____
Miscellaneous	6500	_____	_____
TOTAL:		_____	_____

PLEASE SUBMIT TO DESIGNATED OFFICER FOR APPROVAL AND TRANSMITTAL TO TREASURER

For Treasurers Use Only:		
Total Paid: _____	Check No: _____	Date Paid: _____