

NORTHBROOK WOMAN'S CLUB
P.O. BOX 132, Northbrook, Illinois 60065

REQUEST FOR PAYMENT

COMMITTEE NAME: _____

PAYMENT REQUESTED BY: _____

DATE REQUESTED: _____

AUTHORIZED SIGNATURE: _____

DATE APPROVED: _____

TOTAL PAYMENT AMOUNT: \$ _____

Please note: Club expenses are NOT tax-exempt; state sales tax will be reimbursed.

EXPENSE DETAILS:

| Budget Category | In Budget Y or N | Expense For | Amount |
|-----------------|---------------------|-------------|----------|
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |

RECEIPT(S) ATTACHED: YES _____ NO _____

If no, please explain below. If expense involves a contract, please attach a copy of the signed contract and explain any material variance from the contract. If expense not budgeted, attach a copy of your pre-approval email.

CHECK PAYABLE TO NAME: _____

ADDRESS TO SEND CHECK TO: _____

DATE RECEIVED: _____ **DATE PAID:** _____ **CHECK # :** _____

Please fill out the form completely, attach receipts, contract copies or an explanation. Payment cannot be made if receipts, contract copies, or explanations are not attached.