



# STUDENTS OFFERING SUPPORT, INC.

## PAYMENT REQUEST FORM

Please attach a copy of all receipts and keep the originals for your report. All expenses must first be cleared with your Committee Chair. *(There are to be no exceptions.)* Any expense that exceeds the committee budget must receive the approval of the President of Operations before expenditure may occur.

Send form to: VP of Finance – Renee Burke  
10300 SW 71<sup>st</sup> Avenue  
Pinecrest, FL 33156

Date submitted: \_\_\_\_\_

From: \_\_\_\_\_ Chairman of: \_\_\_\_\_

Please itemize each cost below.

Example:

Pay: \$ 43.00 For: Stamps for Fund Raiser Mailing

Pay: \$ _____	For: _____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

Total Reimbursement \$ \_\_\_\_\_

Send to: \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you within your budget? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If "No", please forward this request to the President for processing)

**Make four copies of this report once it is filled out. Send one to the Treasurer and keep one copy for your committee report that must be turned in at the board meeting following the completion of your duties.**

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For Treasurer's Use Only:

Date Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_