Sarasota-Manatee Bicycle Club
Request for Payment

PURPOSE: _____ **CYCLE FEST RELATED?** Yes _____ No _____

REQUESTOR: _____ **DATE: SUBMITTED:** _____

SELECT PAYMENT TYPE (check one):

☐ **Reimbursement to requestor for expense incurred (attach receipts)**

☐ **Payment to Vendor for work completed (attach invoice)**

☐ **Advance/deposit for expense yet to be incurred (attach relevant document)**

Make Advance/deposit check out to: _____

Mail Advance/deposit check to:

Name _____

Street Address _____

City/State/Zip _____

Date	Description	Food	Postage	Printing	Supplies	All Other	Total

APPROVED:

President : _____ Date:_____ **PAYMENT SENT:**

(non CF items only)

CF Chairperson : _____ Date:_____ _____ **Total**

(CF items only)

Mail form to:
Sarasota-Manatee Bicycle Club
PO Box 15053
Sarasota, FL 34277

All receipts/invoices attached must be originals