

## CROSSROADS PAYMENT REQUEST

Request Date: \_\_\_\_\_ E-mail \_\_\_\_\_

Issue Check to:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Event/Program Name: \_\_\_\_\_ Event date: \_\_\_\_\_

**Original receipts must be attached for all items.**

Items for payment (list individually):

Supplier/Store	Description of Items	Amount
<b>TOTAL AMOUNT</b>		

<b>Authorized Signature*:</b>
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<b>For Bookkeeping Use:</b>
Date paid:
Check #:

\* Event Organizer or (large events) Event Treasurer

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