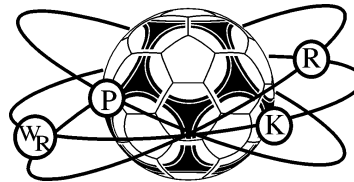


T-CYSA REQUEST FOR PAYMENT



Requesters Name _____
 Budget Category _____
 Date _____ Signature _____
 Payable To: _____
 Address _____
 City, State, Zip _____

# of	Description of Purchases	\$ Per	Total \$\$\$
Total Dollars for this Request			

Paid Date: _____ Check Number _____

Note: This needs to be filled out prior to the payment of the invoice. This is giving the treasurer the authority to pay your purchase. If not filled out then there will be no check issued. Attach all receipts to the request for individual payments.