



PAYMENT REQUEST

Rocky Mountain Governmental Purchasing Association



DATE:
(Vendor or Card Holder Name)
PAYABLE TO:
Address

_____	Check Request	_____
_____	Credit Card Credit Request	_____
_____	Name of Card Holder	_____
_____	I Will Deliver Check	_____
_____	Other:	_____

DESCRIPTION / REASON	INVOICE NUMBER	INVOICE DATE	COMMITTEE	CLASS/CHART OF ACCOUNTS	AMOUNT
TOTAL TO BE DISBURSED					-

Approved for Payment: _____
Signature of Committee Chair or RMGPA Officer / Date

Officer Approval if over \$5,000

Valerie Scott
RMGPA Treasurer

Check Number

Date:

Email to: treasurer@rmgpa.org
Mail to: City of Longmont
Attn: Valerie Scott
RMGPA Treasurer
350 Kimbark Street
Longmont, CO 80501

Credit Card
Transaction Order ID

Date:

Logged to Quickbooks

Date: _____

Logged to Website:

Date: _____

Logged to Treasurer Spreadsheet

Date: _____