



REQUEST FOR PAYMENT

Use this form when you want an invoice paid –or- are requesting a reimbursement for items from your personal or campus account. All reimbursements must be reconciled to your approved operating budget.

Date: _____

Name of person requesting: _____

SEAHO Committee to be charged: _____

Make check payable to: _____

Mail check to: _____

Amount of check: \$ _____

Description of items purchased:

Check requested by: _____
Committee Member or Committee Chair Signature

Request approved by: _____
Committee Chair or Treasurer Signature

Please attach all receipts / invoices and mail or fax to SEAHO Treasurer:
Andrea Trinklein DUC/Drawer B Atlanta, GA 30322 ajtrink@emory.edu (404) 727-4774 fax
For Treasurer Use Only

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Date Invoice/Receipt Received: _____
Committee Account Code: _____
Paid with Visa Check Card: Yes ___ /No ___ Check Number: _____
Confirmation # (Visa only): _____
Amount: _____
Date Payment Paid: _____ Date Payment Mailed: _____