



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:
Paul Riel 1 UNF Drive Jacksonville, FL 32224 (904) 620-4670 fax
For Treasure Use Only

=====
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: _____