BUFFETT PTO
PAYMENT/REIMBURSEMENT REQUEST FORM
TREASURER: Tiffany Kiley 402-578-3437; Kileymiranda@gmail.com

Please use this form when requesting payment. Write your name on the receipt/invoice as well as the event associated with the receipt/invoice and attach to this form. If you have not received payment within a week of submission, please contact the treasurer. Save a copy of your submission for your records.

Today's Date: ______________

Name of Person Requesting Payment: ____________________________________________________________

Phone: ______________________ E-mail: __________________________________________________________

Event Associated With Payment: ______________ Amount Requested: ________________________________

Write Check to Name/Company: ________________________________________________________________

If you want us to mail your check, please provide a mailing address:

_______________________________________________________________________________________
_______________________________________________________________________________________

Any Additional Comments: _________________________________________________________________
_______________________________________________________________________________________

_____ Invoice to be paid attached _____ Receipt attached

Requestor's Signature ____________________________

President's Signature ____________________________

Treasurer's Signature ____________________________