

Office Use Only:

Date Request Received: \_\_\_\_\_ Check No. \_\_\_\_\_ Date Paid: \_\_\_\_\_  
Date Check Delivered: \_\_\_\_\_ Check Delivered To: \_\_\_\_\_

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**BUFFETT PTO**  
**PAYMENT/REIMBURSEMENT REQUEST FORM**

TREASURER: **Tiffany Kiley** 402-578-3437; [Kileymiranda@gmail.com](mailto: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 \_\_\_\_\_