

REQUEST FOR PAYMENT

Fill out one form per requested check. Staple receipts to form.

Requestor Name _____

Address: _____

City: _____ St: _____ Zip: _____ Phone: _____

Pay From:

___ RPMC General Fund ___ Branch: _____

Type of Payment:

___ Reimbursement(s) ___ Direct Campaign Contribution ___ Direct Payment to vendor

Pay To: ___ Requestor OR Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

If direct Payment to vendor, Pay on / by: ___ / ___ / ___
Circle One

If Reimbursement(s)

<u>Date</u>	<u>Purpose</u>	<u>Amount</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL \$ _____

APPROVED BY: _____

Branch Chairman or RPMC President Signature*

Please mail this form and all receipts to:

Treasurer c/o RPMC

P.O. Box 14665

West Allis, WI 53214

RPMC Use Only

Paid on: ___ / ___ / ___

Check No. _____

By: _____

Amount: _____

*If pre-approved at an RPMC Exec. Bd. Meeting and requesting RPMC general funds, no authorization signature may be required.