

Oklahoma Literacy Coalition

Request for Payment

Name of person submitting request: _____ Date: _____

Name to be written on check: _____

Mail check to: _____

E-mail: _____ Amt. requested: \$ _____

Describe the product or service: _____

Categorize expenditures and list amounts for each category:

Audit/finance \$ _____	Conference \$ _____	Grants \$ _____	Continuing Ed. \$ _____	Fundraising \$ _____
Travel \$ _____	PR/awards \$ _____	Scholarship \$ _____	Supplies \$ _____	Food \$ _____
Postage \$ _____	Printing \$ _____	\$ _____	\$ _____	\$ _____

Attach all receipts to email if filing electronically or staple to form if filing by paper.

Request approved

Request not approved

Signature of Board President or Authorized person: _____

Request paid Date: _____ Treasurer: _____