

33630 McFarland Road Tangent, OR 97389 PHONE: (541) 967-5925 Ext. 4

Council: \_\_\_\_\_

**Instructions:**

- Please print legibly – we can't pay if we can't read it!
- Only one (1) check per form
- Payment will be made from forms with original authorized signatures only
- Payee must be the same as the name on the invoice
- Invoices must include dates of service
- Incomplete forms will be returned to the submitter for correction

Budget category	Amount
Contracted services, postage, supplies and materials, rent, etc.	
<b>Total</b>	<b>\$</b>

*Note: When attaching back-up documentation, circle amounts to pay on each invoice; if only a portion of the invoice is to be paid, write the amount to be paid on the invoice and indicate how the remaining amount will be covered: personal, grant funds, etc.*

Make check payable to: \_\_\_\_\_ Phone: \_\_\_\_\_

Payee address: \_\_\_\_\_

Send to payee     Send to alternate address     Change of address

Alternate address: \_\_\_\_\_ Phone: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Printed name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

*The person submitting this check request verifies that all services have been rendered and items received as stated on any receipt or invoice, that all appropriate documentation is attached, and that the charges valid.*

*The person authorizing payment verifies that the check request is true and correct and authorizes Cascade Pacific RC&D to make payment as requested.*

**Cascade Pacific use only below this line**

Date Issued:	Check #:	Amount: \$	Date entered:	Initials:
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