

**Joppatowne Recreation Council, Inc.**

**PO Box 95**

**Joppa, MD 21085**

**PAYMENT REQUEST**

PROGRAM: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_

Check #	MAKE CHECKS PAYABLE TO: (Please Print Clearly)	AMOUNT	REASON FOR PAYMENT (i.e. Supplies, League Fees, Salary, Etc.)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

AUTHORIZED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

**No checks will be issued without proper receipt, invoice, time sheet or other supporting documentation attached. No handwritten notes will be accepted.**

All checks will be mailed directly to vendors, no exceptions other than fundraisers that require check on delivery. Requests should be dropped off at 604 Baldwin Drive (gray tub) or mailed to PO Box 95 no later than 2:00 pm Friday afternoon. Checks will go out no later than Tuesday's mail.

FOR INTERNAL USE ONLY:

DATE PAID \_\_\_\_\_

CHECK NUMBERS: \_\_\_\_\_