

# Team River Runner Payment Request Form

To be filled out by Reimbursee. All fields required for reimbursement

Name: \_\_\_\_\_

Date: \_\_\_\_\_ TRR Chapter: \_\_\_\_\_

Address for payment: \_\_\_\_\_

City/State \_\_\_\_\_, \_\_\_\_\_ ZIP \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_

What was purchased/paid for? \_\_\_\_\_

Is this for VA Grant 2017-2018?  Yes  No

If yes, please itemize totals by category (ex. Food, gas, equipment etc.) \_\_\_\_\_

*Please do not write below this line; to be filled out by TRR National*

**Fill Appropriate Fields:**

Paid By:      Check # \_\_\_\_\_      Debit Card \_\_\_\_\_

Invoice #: \_\_\_\_\_

Invoice Date: \_\_\_\_\_

Account # \_\_\_\_\_

Account Name: \_\_\_\_\_

Description: \_\_\_\_\_

Customer: \_\_\_\_\_

Class: \_\_\_\_\_

**Request Reviewed by:**

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

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

**Payment Approved by:**

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

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