

SISTERS PARK AND RECREATION DISTRICT  
PAYMENT REQUEST

DATE:	PAYEE NAME AND MAILING ADDRESS:	AMOUNT:
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DOCUMENTATION REQUIRED FOR PAYMENT (Check all that apply & attach):	
	Invoice
	W-9, if contractor is not incorporated
	If payment for temporary employee, confirm new hire packet completed
	Signed purchase approval form & supporting documentation (if purchase over \$500)
	Other supporting documentation for the file

DESCRIPTION OF SERVICES RECEIVED FOR THE PAYMENT:
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CHARGE ACCOUNT NO(S):
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SIGNATURE OF REQUESTOR	DATE:
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AUTHORIZED/APPROVAL SIGNATURE:	DATE:
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NOTES:

Purchasing policy identifies approval authority levels as the following:

- Staff members up to \$500
- Program Directors up to \$1,000
- Executive Director up to \$2,500
- Board of Directors Over \$2,500