

SISTERS PARK AND RECREATION DISTRICT  
PAYMENT REQUEST

DATE:	PAYEE NAME AND MAILING ADDRESS:	AMOUNT:

DOCUMENTATION REQUIRED FOR PAYMENT (Check all that apply & attach):	
	Invoice/receipt
	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:

DELIVERY METHOD ("x" one):	
	Pick up at Coffield Center
	Mail

CHARGE ACCOUNT NO(S):

SIGNATURE OF REQUESTOR	DATE:

AUTHORIZED/APPROVAL SIGNATURE:	DATE:

NOTES:

Financial management policy identifies approval authority levels as the following:

Staff members up to \$99

Program Directors up to \$499

Executive Director up to \$9,999

Board of Directors over \$10,000 (*attach minutes from board mtg approval*)