



REQUEST FOR PAYMENT

Payee	
Mailing Address	
Telephone	
Email	
Purpose of Expenditure	

Description of Expenses

Description	Date	Amount
		\$
		\$
		\$
TOTAL		\$

Person Requesting Payment	
Date:	Signature:
Authorization by President or appropriate Committee Chair	
Date:	Signature:

All requests for payment must be submitted within 30 days of the event or transaction. Please attach documentation (invoice/receipt) for requested expenditures and send to the SACRAO President or the appropriate Committee Chair for authorization.

Sofia Almeda Montes, President University Registrar University of Texas - Rio Grande Valley (956) 665-3650 president@sacrao.org	Chad Cox, Treasurer Senior Associate Director for Transfer Central University of Arkansas (479) 422-1307 treasurer@sacrao.org
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Treasurer		
Date:	<input type="checkbox"/> Check #: <input type="checkbox"/> Check Card	Signature: