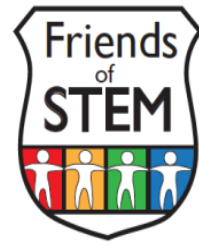


PAYMENT FORM



Name of Company/Person to be Paid:

Event/Funding Activity:

Date:

Purpose:

Itemized Billing Description

Date	Description	Cost
Total:		

Submitted by:

1) PRINT: _____ SIGN: _____

Date

Approved by: (Event Chairperson, if applicable)

1) PRINT: _____ SIGN: _____

Approved by: FOS President/Vice President

1) PRINT: _____ SIGN: _____

Note: This form should be used when paying for items directly to the provider. A copy of the bill/purchase order must be submitted - no bill/purchase order, no funding. All payment requests must be part of a preapproved event budget or approved/passed by motion and resolution by the Friends of STEM Board of Directors.