

BETA SIGMA PHI - HOUSTON CITY COUNCIL PAYMENT REQUEST

Advance Payment Yes _____ No _____	Reimbursement Yes _____ No _____	Date _____
Pay To: _____ Account/Committee _____		

TREASURER'S USE ONLY:		
Check No.: _____	Date Written: _____	
Beginning Balance: _____	Officer: _____	
Less: _____	Committee Chairman(s): _____	
New Balance: _____	Notes: _____	
For: _____		\$
For: _____		\$
For: _____		\$
For: _____		\$
For: _____		\$
For: _____		\$
For: _____		\$
For: _____		\$
For: _____		\$
For: _____		\$
For: _____		\$
For: _____		\$
For: _____		\$
For: _____		\$
For: _____		\$
For: _____		\$
For: _____		\$
For: _____		\$

Requested by: _____
Printed Name
Signature

Approved by: _____
 (Committee Chair) Printed Name
Signature

- Notes to Originator:
1. Attach supporting documents/receipts and keep a copy.
 2. Forward to Committee Chair for signature.
 3. Committee Chair is to forward requests to Treasurer.
 4. Requests need to be submitted within 30 days of purchase and will be returned by next regular meeting.