

Bill and Invoice Payment Form

Company Name/Service Provider _____

Contact person/Representative _____ Phone # _____

Address _____

Event/Committee _____

Committee Chair/Representative _____

Date Bill Received _____ Date Due _____

Total Amount Due _____

Description/In Payment for _____

Payment made for **Fundraiser Expense** _____ **Direct Expense** _____ **Money Out** _____

Mail to above address _____ Return to committee _____

Committee Chair Signature _____

For Treasurer's Use Only

Check made payable to _____

Check # _____ Check Amount _____

Date Issued/Mailed _____

Account/Line Item debited _____

Treasurer's Signature _____

Comments _____