

WSU Master Recycler Composter of Lewis County **REQUEST FOR PAYMENT**

(Must be accompanied by a bill or receipt)

Date submitted: _____ Amount: \$ _____

Payable to: _____

Item(s)/Purpose: _____

Account(s)/Budget to be charged: _____

Total \$ _____

Submitted by: _____

Approved by: _____

For office use only.

Date Paid: _____ Check # _____ Amount: \$ _____

Paid to: _____

Account/Budget # _____

Treasurer: _____

(Invoice or receipt must be attached to the reverse side of this form)