Teacher Request for Payment

Portland Raindrops

☐ **Paint In Expense** **or** ☐ **Seminar Expense**

Please check one - **Use a separate form for each type of Expense**

Make Check payable to	
Address (If Check is to be mailed)	

Budget Category Number	Committee to be Charged	Class date	Class hours to be listed here.	Amount to be paid
			Total to be Paid	

Submitted by: _____ Date: _____

Must be signed by the President, Vice President or Secretary prior to submission to the treasurer.

If over $100.00 Committee Chair Approval _____ Date: _____

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Executive Committee Member Approval _____ Date: _____

Paid by Check No. _____ Amount Paid _____ Date: _____ Initials _____

To submit by mail send to current Raindrop chapter president or email presidentraindrop@gmail.com