

Check # _____

Bill & Invoice Payment Form

Company Name / Service Provider: _____

Contact Person / Representative: _____ Phone: _____

Address: _____

Event / Committee: _____

Person Submitting Bill: _____

Date Bill Received: _____ Date Due: _____

Description / In Payment for: _____

Total Amount Due: \$ _____

For Treasurer's Use Only

Check made payable to: _____

Check #: _____ Check Amount: _____

Date Issued: _____ Date Mailed: _____

Account / Line Item debited: _____

Treasurer's Signature: _____

Comments: _____
