



**FPRA
Gainesville Chapter**

Payment/Reimbursement Form

Please issue a check payable to:

Name: _____

Address: _____

in the amount of: \$ _____

State description or purpose: _____

Committee: _____

Budget line item: _____

Instructions:

Return to Requisitioner:

Mail to Payee at address above:

Other, please specify: _____

Requested by: _____

Date: _____

<p>COMMITTEE CHAIR AUTHORIZATION</p> <p>Approved by: _____</p> <p>Date: _____</p>
<p>BOARD LIAISON AUTHORIZATION</p> <p>Approved by: _____</p> <p>Date: _____</p>