## BETA SIGMA PHI – HOUSTON CITY COUNCIL PAYMENT REQUEST

INSTRUCTIONS FOR ORIGINATOR						
<ol> <li>Requests need to be submitted within 30 days of purchase or within 30 days after an Event and check will be returned by next regular HCC meeting.</li> </ol>	-1					
Enter information below in "THIS SECTION TO BE COMPLETED BY ORIGINATOR"						
3) Print Your Name and Sign Below						
3) Attach supporting documents/receipts and keep a copy						
4) Forward to Committee Chair for signature						
INSTRUCTIONS FOR COMMITTEE CHAIR						
Print your Name/Sign below and Forward Request to Treasurer						

THIS SECTION TO BE COMPLETED BY ORIGINATOR							
Date	Advar	nce Payment	3	Reimbursement YES NO			
Make Check Payable to:							
LIST ATTACHED RECEIPTS BELOW - USE 1 LINE PER RECEIPT (List Additional Receipts on Back of This Form If Needed)							
STORE NAME		EF DESCRIPTION C		AMOUNT			
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
Balance Forward		\$					
GRAND TOTAL		\$					
THIS SECTION TO BE COMPLETED BY ORIGINATOR AND COMMITTEE CHAIR							
Requested By	Printe	Printed Name		Signature			
Approved By Committee Chai		Printed Name		Signature			
	TUIC CE	CTION FOR TE	EA CLIDED	E LISE ON	V		
THIS SECTION FOR TREASURER'S USE ONLY Check Number Date Written Amount \$							
Check Number		Date Written Amount		Amount \$			
Budget Account		Committee	Committee				
Notes		1					