

Payment Request Form

Submit completed form & attachments to the Administrator

This form is fillable

MANDATORY: attach all supporting receipts &/or documentation

Date (mo/day/year)

Requested Method of Payment: (choose one)

Amount Payable \$

Cheque

E-Transfer

Direct Deposit (provide VOID cheque)

Payable to

Email Address (for e-transfer)

Mailing Address (for cheque)

City, Province, Postal Code

Description of Payment (please provide as many details as possible)

i.e. name & date of event, list products &/or services

Note: B&W printing will be reimbursed at 0.15¢ per copy / colour at 0.50¢ per copy

Payment requested by:

Board Member Name

or

Convener Name

Title

for office use only		
Bank Account:	ARMTA Calgary	Endowment Society
Approved by (name & title)		Approval Date
Paid by (name & title)	Date Paid	Bank conf. # or cheque #