

# REQUEST TO PAY

Today's Date: \_\_\_\_\_

The following purchase was authorized by \_\_\_\_\_ on \_\_\_\_\_.

**Purchase Made By:**

\_\_\_\_\_  
Name Email Phone

**Purpose and brief description of purchase:** (if payment is a reimbursement, indicate vendor's name).

**Person/Vendor to Pay:**

\_\_\_\_\_  
Payee Name Phone  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Amount to Pay:** \_\_\_\_\_

**Please pay by:** Cheque  
Credit Card

\_\_\_\_\_  
BGSPSA Board Member's Signature

\_\_\_\_\_  
Date

For BGSP Treasurer or BGSPSA Board Use Only

Payment Made by: Cheque Number: \_\_\_\_\_ Payment Date: \_\_\_\_\_  
Credit Card

\_\_\_\_\_  
BGSP Treasurer's or BGSPSA Board Member's Signature

\_\_\_\_\_  
Date