

BERKELEY ARTS COUNCIL

Payment Request

Date Submitted: \_\_\_\_\_

Project or Activity: \_\_\_\_\_

Project Coordinator or Board Member approval: \_\_\_\_\_

Payment in accordance with contract? \_\_\_\_\_

PAY TO: \_\_\_\_\_

MAILING ADDRESS (if not on file) \_\_\_\_\_

CITY-ST-ZIP \_\_\_\_\_

TLEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Original receipts required for reimbursement of purchases.

| Date of Activity | Description | Amount |
|------------------|-------------|--------|
|                  |             |        |
|                  |             |        |
|                  |             |        |
|                  |             |        |
|                  |             |        |

TOTAL PAYMENT REQUESTED: \$ \_\_\_\_\_

OFFICE USE: Account No. \_\_\_\_\_ Job \_\_\_\_\_

Date Paid \_\_\_\_\_ from Acct \_\_\_\_\_ Check No. \_\_\_\_\_ Pd by \_\_\_\_\_