

## CUW Payment Request Form

**Board Member:**

**Name**

**Address**

**City, State, Zip**


**Pay to:**

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**Pay to:**

Board Member

Invoice

**Budget Acct**

Alumni

Audit

Capital Equipment

Director's

Donation

Entertainment

Hats

Hotel Room (Max \$60)

Insurance

Judge Lunch

Judge T-Shirts

Marketing

Mileage (Include detail)

Miscellany

Pin

Rent

Sales

Trophies

T-shirt expense

Tournament Expense

Tournament Program

Tournament Supply

WF Gift

**Submit one Payment Form per payee**

Date	Purchase From	Description	Budget Account	Amount

**Send to: Pat Kroll  
64 Dry Bone Rd  
Highland, WI 53543**

**Total**