

CUW Payment Request Form

Board Member:

Name

Address

City, State, Zip

Pay to:

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Submit one Payment Form per payee

Pay to:

Board Member

Invoice

Budget Acct

Alumni

Audit

Director's

Entertainment

Hats

Hotel Room

Insurance

Judge Lunch

Judge T-Shirts

Marketing

Misc. Tourn.

Miscellany

Pin

Rent

Sales

Trophies

T-shirt expense

Tourn. Program

Tourn. Supply

WF Gift

Date	Purchase From	Description	Budget Account	Amount
Send to:			Total	

**Pat Kroll
64 Dry Bone Rd
Highland, WI 53543**