

Cleveland Metro Ski Council

Payment Request

Name: _____

Payment for: _____

Check Payable to: _____

Amount: _____

Submitted by: _____

Authorized by: _____

Authorized by: _____

Check No.: _____

Date Paid: _____

Payment will not be approved if receipts are not included with this request.

Payee	Description	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____