

**REQUEST FOR PAYMENT/REIMBURSEMENT**

*Indianapolis Rowing Center*

REQUESTED BY:

\_\_\_\_\_

DATE:

\_\_\_\_\_

SUPERVISOR'S APPROVAL:

\_\_\_\_\_

(signature of committee chair, head coach or IRC administrator)

DATE CHECK NEEDED:

ASAP \_\_\_\_\_

AMOUNT: \$

\_\_\_\_\_

PAYABLE TO:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

CITY-STATE-ZIP:

\_\_\_\_\_

DESCRIPTION:

\_\_\_\_\_

Directions for delivery:

Mail \_\_\_\_\_

(mail, leave at bh, hand deliver?)

If for meals/entertainment list attendees, their affiliation, and business purpose

**REQUIRED IF PAYMENT IS FOR SERVICES:**

Social Security #  
or Fed tax ID # \_\_\_\_\_

Phone#: \_\_\_\_\_

IRC employee? Indicate Y or N \_\_\_\_\_

US Citizen? Indicate Y or N \_\_\_\_\_

PLEASE STAPLE RECEIPTS TO BACK OF FORM

**IRC BUSINESS OFFICE**

Requester, please indicate project

Line item for budget \_\_\_\_\_

Date Paid by IRC \_\_\_\_\_

Check # \_\_\_\_\_

Chart of Accounts Code:

Class Code: