**Disbursement Request Form – To Initiate Check or Credit Card Transactions**

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| Date of Request: |  | **Notice**  Proper supporting documentation is required to accompany this request. All purchases are sales tax exempt unless otherwise specified. Our Illinois Sales Tax Exemption Number is E99543702.  Some disbursements will require additional support. Invoice(s) will not be processed for payment until all required information is received. |
| Date Due to Vendor/Payee: |  |
| Vendor/Payee: \* |  |
| Send to the Attention of: |  |
| Check or Credit Card? |  |
| Person Requesting: |  |
| Approver Name (Printed): |  |

| **General Ledger Account Number** | **Description of Products or Services**  **for Which Payment is Requested** | **Amount to be Paid** |
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|  | **Total Check Amount** |  |

I hereby certify that the above items: 1) have been received, 2) the services performed, or 3) the sum requested is due in accordance with a lease or other Synagogue contractual obligation (please attach contract) and that the funds are available from the budget account(s) indicated above. I also certify that this payment complies with the procurement policies established from time-to-time by the Board of Directors and Finance Committee of Shir Hadash Reconstructionist Synagogue.

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| Approval to Pay | Title | Board, Committee or Department |
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| Check Signed By | Date Signed | Method of Transmittal to Payee |