

Wasatch Commons Condominium Association Payment Request

Instructions

- * Fill out
- * Print
- * Sign
- * Attach receipt/invoice(s)
- * Get co-signature
- * Submit to bookkeeper

Make a Payment to _____
 In the amount _____
 Supplier _____
if not payee
 Phone _____
 Email _____
 Address _____

- Reimbursement to Resident
- Payment to Supplier or Service Provider

Date of Purchase or Service _____
 Explanation of Purchase or Service _____
 from Budget _____

} If not shown on invoice or receipt

This expenditure is on behalf of Wasatch Commons Condominium Association and is within the specified budget, or otherwise approved by the community.

Request Prepared by _____
if not payee
 Date Prepared _____

For bookkeeper's use

Paid

Check # _____

Date _____

X _____
 Signature _____ Date _____

X _____
 Co-Signature by Committee Member _____ Date _____
Required if the purchase is over \$20 or if the purchaser is not on the committee

Tape cash register receipt here,
 or staple receipt or invoice
 behind payment request.

For services performed on the premises of Wasatch Commons, please provide a W-9, business license information, and a copy of the contractor's insurance.

.....
 Copy for person making payment request or to be reimbursed

.....
 Detach copy before submission

Payment or Reimbursement Request, WCCA

Payment to _____
 Amount _____
 Supplier _____
 Date of Purchase or Service _____
 Explanation of Purchase or Service _____

Co-signed by _____
 Date turned in to WCCA for reimbursement _____

Paid

Check # _____

Date _____