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Payment Approval Form

Please complete this form for each vendor requiring payment.

Receipts MUST be attached to this form.

Please keep a copy for your records and send the original to the IRC Office.

REQUEST MUST BE WITHIN BUDGET LIMITS.

COMMITTEE / OFFICE: _____

Please Complete All Information.

Description and / or Use	Quantity	Per Item Cost	Total Cost	Budget Line Item Number

TOTAL PAYMENT REQUEST: \$ _____

Submitted by: _____ Date: _____

E-mail: _____ Phone: _____

Committee Chair's Signature: _____ Date: _____

Treasurer's Signature: _____ Date: _____

President's Signature: _____ Date: _____

Make check payable to: _____

Mail to: _____

Address: _____

City: _____ State: _____ Zip: _____

For Office Use Only.

Voucher Number: _____ Check Number: _____ Date: _____