

SOUTH CENTRAL MISSOURI COMMUNITY ACTION AGENCY

REQUEST FOR PAYMENT

PAYMENT TO: _____ DATE: _____

ADDRESS: _____ CITY: _____

PROGRAM: _____ STATE: _____ ZIP: _____

	ACCT.#	DESCRIPTION	AMOUNT
5300 CONTRACTUAL	5350	MEDICAL	_____
	5360	DENTAL	_____
	5390	OTHER	_____
5400 TRAVEL	5420	VEHICLE	_____
	5460	LOCAL	_____
5500 SPACE	5510	RENT	_____
	5530	UTILITIES	_____
	5540	MAINTENANCE/REPAIR	_____
5600 SUPPLIES	5601	OFFICE	_____
	5602	PROGRAM	_____
	5603	MEDICAL	_____
	5605	MAINTENANCE	_____
	5630	MATERIALS	_____
5600 OFFICE/CENTER	5640	TELEPHONE	_____
	5650	POSTAGE	_____
	5660	PRINT./PUBLICATION	_____
5690 TRAINING	5693	REGISTRATION/FEES	_____
5800 CLIENT/CCFP	5840	FOOD	_____
_____	_____	OTHER	_____
		TOTAL REQUEST	_____

RECOMMENDED BY: _____

APPROVED BY: _____

NOTE EACH REQUEST FOR PAYMENT MUST BE ACCOMPANIED BY A PURCHASE ORDER, INVOICE RECORD OF TRAVEL, ETC. TO BE ELIGIBLE FOR PAYMENT REV 7/08