

# AFT-WI Retirees REQUEST FOR PAYMENT FORM

**Request made by:** \_\_\_\_\_  
*(A separate request must be used for each check)*

**Date:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Expenses for:** \_\_\_\_\_  
**Activity/Purpose** **Date**

**Type of expense:** \_\_\_\_\_ **Cost** \_\_\_\_\_  
*(Please attach receipts/bills)*


**Total** \_\_\_\_\_

**Make Check Payable to:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Send Check to:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do not write below this line \_\_\_\_\_

Approved by: President/Vice-President \_\_\_\_\_  
Treasurer \_\_\_\_\_

Check No: \_\_\_\_\_  
Date Paid: \_\_\_\_\_

Charged to: \_\_\_\_\_