

## CROSSROADS SERVICE UNIT PAYMENT REQUEST

Request Date: \_\_\_\_\_

Check payable to: \_\_\_\_\_ Phone: \_\_\_\_\_

Payee Address: \_\_\_\_\_

\_\_\_\_\_ e-mail: \_\_\_\_\_

Event/Program: \_\_\_\_\_ Event Date: \_\_\_\_\_

Receipt Number	Category *(See # 6 below)	Supplier/ Store	Amount
example receipt: 1	food	Costco	29.85
examplereceipt: 2	crafts	Michaels	13.53
example receipt: 2	decorations	Michaels	6.97
TOTAL AMOUNT			\$

<p><b>***REQUIRED***</b>                  Signature of Event Organizer or Event Treasurer                  _____                  Sign here</p>	<p style="text-align: center;">For Bookeeping Use Only</p> Date paid:  Check #:
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**Crossroads Payment Request Directions:**

1. Complete one payment request per person or Troop.
2. Attach **ORIGINAL RECEIPTS ONLY**. Copies will NOT be accepted.
3. Number your receipts.
4. One receipt per line. (Example receipt number 1)
5. If a receipt has 2 or more item categories, list each category on a separate line, with the amount of each category in the amount column. (See example receipt number 2)
- \* 6. **Catagories:** (Choose One per line) **CRAFT, DECORATION, ENTERTAINMENT, EQUIPMENT, FOOD, INSURANCE, OFFICE SUPPLIES, PATCHES/BADGES, PHOTOGRAPHY, PRINTING/COPIES, SITE, SUPPLIES, T-SHIRTS, OTHER**
7. Continue on back of form, if more lines are needed.
8. **The Event Organizer or Treasurer MUST SIGN the request form**