



Date Paid _____

Check # _____

PAYMENT REQUEST

Date _____

Amount of Payment: \$ _____

Reason for Payment: _____

Receipt(s) Attached ☐ YES ☐ NO

Submitted/Approved By: _____

Make Payable to: _____

Address: _____

Attach ORIGINAL receipts and submit to:

Tim Cutshall
658 Mansion Road
Winfield, MO 63389



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