

BERKELEY ARTS COUNCIL, INC
PAYMENT REQUEST FORM

May be used to request payment to an instructor, reimbursement for expense, payment to a third party, or acknowledgement of a donation.

Date submitted _____ . Project or activity _____

Approved by _____ Signature

PAY TO _____

If you enroll, direct deposit provides quick payment with no mail delays. Works for deposits only. Bank Routing Number _____ Bank Account Number _____

MAILING ADDRESS _____

CITY-ST-ZIP _____

TELEPHONE _____ EMAIL _____

Signature of Submitter _____

ACTIVITY DATE	Description of Expense	AMOUNT

Receipt(s) must be attached when submitted. Indicate if amount is a donation to BAC.

TOTAL PAYMENT REQUESTED \$ _____

OFFICE USE: Account number(s) charged _____ Job _____

PAID DATE _____ from Acct. _____ Check No. _____ Pd. By _____

Donation acknowledged: _____ . By _____