

Paid
Check #
Delivered

CAPE COD SAIL AND POWER SQUADRON, INC.

VENDOR INVOICE PAYMENT REQUEST

REQUESTED BY: _____

TELEPHONE: _____

DATE OF EXPENDITURE: _____

Make Check payable to VENDOR: _____

Street: _____

City State Zip Code: _____

INVOICE/ORDER NUMBER: _____

INVOICE (check) AMOUNT: _____

CCSPS Department: _____

Activity or Program: _____

Description: _____

Submission Date

Signature

DATE OF APPROVAL BY EXECUTIVE COMMITTEE (if not budgeted): _____

[Attach invoice to the back of this form and submit to treasurer]