

PURCHASE REQUEST FOR PAVE ACTIVITY

NAME OF EVENT: _____

DATE OF EVENT: _____

ITEMS NEEDED BY: _____

QUANTITY	ITEM NAME	COST EACH	COST TOTAL
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DATE REQUESTED: _____

REQUESTED BY: _____

DATE APPROVED BY PAVE: _____

APPROVED BY: _____

I received requested check on _____ (date) and I understand I need to submit all receipts to the Treasurer within one week of purchase.

Written Name

Signature

DATE RECEIPTS SUBMITTED TO TREASURER: _____