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| --- | --- | --- |
| Payment request form for invoices/reimbursements | | |
| **Complete and submit this form along with all invoices to be paid and/or receipts for reimbursements via approved ASAP Board expenditure(s).**  **NOTE: To be eligible for reimbursement, expenditures must have prior approval from:**   * **Woodford County ASAP Board vis budget allocation/vote** * **KY-ASAP State Office via formal budget approval**   **TODAY DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **SUBMITTED BY (please print):** | | |
| **Address:** | | |
| **Phone #:** | **SIGNATURE:** | |
| **INVOICE TOTAL (if multiple invoices/receipts, please total all forms):** | | |
| **Receipt Amount: DESCRIPTION OF ITEMS: ORGANIZATION/MINI GRANT:** | | |
|  | | |
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|  | | |
| **Per your records, after this bill is paid the balance of Mini Grant or line budget?** | | |
| **APPROVED BY:** | | |
| **(ASAP coordinator or Board chair/vice chair; Electronic signature permitted if completed form is to be emailed directly to fiscal agent)** | | |
| **ALL INVOICES/RECEIPTS MUST BE ATTACHED!** | | |
| MAKE CHECK PAYABLE TO (print legibly to avoid processing delays) | | |
| **Name:** | | **Date:** |
| **Mailing Address:** | | |
| **City, State, Zip Code** | | |
| **Phone: Email:** | | |
| **PLEASE SEND COMPLETED COVER SHEET WITH ALL INVOICES AND ORIGINAL RECEIPTS TO:** | | |
| **Nancy Blackford, 708 Eureka Dr. Versailles, KY 40383 or email to:** [**nblackford.asap@gmail.com**](mailto:nblackford.asap@gmail.com)  **Please allow approximately 15-30 days for check processing** | | |