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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****Please allow approximately 15-30 days for check processing** |