

**ARGC PAYMENT REQUEST FORM**

I hereby request the ARGC treasurer to pay the below named individual for the goods and/or services listed below.  
Please list mailing address & contact information if needed.

Payment Requested By: \_\_\_\_\_  
print name

Name of Payee: \_\_\_\_\_  
print name

Amount of Payment: \$ \_\_\_\_\_

Goods or Services Rendered: \_\_\_\_\_  
please print

\_\_\_\_\_

Signature of Requestor  
or Authorizing Officer: \_\_\_\_\_ Date: \_\_\_\_\_  
signature mm/dd/yy

rev. 04/08/2011

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