

**TMEA REGION XIX ORCHESTRA  
PAYMENT REQUISITION**

Person Requesting Payment: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of this request: \_\_\_\_\_

Payee: \_\_\_\_\_

Address: \_\_\_\_\_

State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Description of item, service or reimbursement (be specific):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All requests must have a statement or receipt. Please attach.

<b>For Treasurer's Use ONLY</b>	
Date Rec'd: _____	Date Paid: _____
Check No: _____	Amount: _____