Funds Request to the OPA Treasurer

2025 - 2026

Date of request _____/_____/_____ Due date _____/_____/_____

Total amount $_____

To be paid by (circle one): check / Zelle / debit card / other _____

Payable to: Name: _____

Address (incl.Attn:?): _____

phone # (mandatory for online bill pay check issuance): _____

Description of purchase(s) _____

Budget/Expense line(s) to be charged:_____

Funds disbursement approved by (check one): ____within budget

___under $50

___2/3 vote: at __/__/__ meeting (attach copy of meeting minutes)

___2/3 vote via email string (attach copy of email string)

Requested by: _____Phone (____) _____

President or Director approval: _____*(needed on all over $50)* *(signature here or attach approval email)*

*****Attach all receipts, invoices, emails to this form & submit complete request to the Treasurer.***** Additional instructions for this disbursement:

Any questions email:

Colleen H. – OPA.treasurer10@gmail.com

Treasurer Use Only:

Payment Date: _____
Amount: _____
Payment Method: _____