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Request to Pay Expenses

Please include original invoices with this request. Please make copies of the original invoices for your file. Expenses and bills are paid once a month and need to be received by the 12th to be paid within the same month or they will be held for next month.

Date:	
Organization/Fund:	
Contact Name:	

Expense Detail

Amount	Reason for Expense	Payable to (include name and address)
\$		
\$		
\$		
\$		
\$		
\$		
\$	TOTAL TO BE PAID	

Signature of Approval from Authorized Person

Signature:			
Print Name:		Title:	
Date:			