

RB Neighborhood Watch

**Expenditure and/or Payment
Request Form**

Requested by _____ Date _____

Details of expense _____

Issue check to _____ Amount \$ _____

Address _____

Approved by _____ NHW Director

Approved by _____ District Coordinator (see Note 2)

NOTES:

- 1. Please attach a copy of the bill or receipt and give to NHW Treasurer for payment by check.**
- 2. Expenditures of \$500 or more also require approval by a majority of the NHW District Coordinators.**

For Office Use Only

Check # Issued _____ Date Issued _____

Issued by _____
