

**OPAL NEIGHBORHOOD'S REQUEST FOR PAYMENT**

Submit this form at OPAL Office or email to: [bookkeeper@opalclt.org](mailto:bookkeeper@opalclt.org)

Date of Request: \_\_\_\_\_

Requested By: \_\_\_\_\_

Date Service Performed: \_\_\_\_\_

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

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

OPAL Neighborhood: \_\_\_\_\_

Due Date of Payment: \_\_\_\_\_

*\*Approvals can be obtained via email*

Treasurer Approval: \_\_\_\_\_

Name of Payee: \_\_\_\_\_

*(required prior to submitting to OPAL)*

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

Address of Payee: \_\_\_\_\_

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

Description of Service Provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Invoice Attached: Yes / No

Circle one: Mail check / ACH payment / Pick up at OPAL Office

If no invoice attached, please provide detailed back-up for finance team records.