

## Village Painters Pre-Payment of Expenses

**Information on Person Requesting Prepayment:**

Name: \_\_\_\_\_

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

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

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

**Product(s) or Service(s) to be purchased**

Product(s) or Service(s)	Quantity	Cost/Item	Total Cost/Items
<b>Total Cost Requested</b>			

**Agreement Statement:**

I agree to submit all receipts for the purchased product (s) or services to the Village Painter Treasurer within one month of receiving the Pre-Payment. If the amount paid by Village Painters exceeds the amount purchased, I agree to repay Village Painters. Village Painters agrees to pay if the expenses exceed the Pre-Payment.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

**For Village Painter Use Only**

Amount of Check: \_\_\_\_\_

Check Number: \_\_\_\_\_

Date: \_\_\_\_\_