

TOWN OF BOWDOINHAM

REQUEST FOR PAYMENT

Vendor Name: _____

Vendor Address: _____

Vendor Tax ID/SSN _____

Purpose: _____

Date(s) of Service: _____

Payment Amount: _____

Charge to Account _____

Date Submitted: _____

Department Signature: _____

*Please return to Deputy Treasurer by the Wednesday before the Scheduled
Select Board Meeting.*