

**Financial Fitness**

**Request for Payment**

 Click here to enter a date.Click here to enter invoice #**.**

Click to enter Agency Name.

Click to enter Street Address.

Click to enter State and Zip Code.

**Class Date:** Click here to enter a date.

**Date of Individual Session:** Click here to enter a date.

**Number of Registrants:** Click to enter. *(Maximum of 25 per households per class)*

Number of Households in attendance: Click here. x $100.00 = $ Click here to enter Total

**Number of Materials** *(1 per household)***:** Click here. **x $10.00** **= $**Click here to enter Total.

**Amount Requested by Agency: $**Click here to enter amount.

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 ***Agency Representative Signature Required Date***

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# FOR CHFA USE ONLY

**□Invoice will not be paid**

**FINANCE PURCHASE ORDER**

**PO# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Submitted after deadline)*

**# Clients Counseled:** \_\_\_\_\_\_\_\_ x $**100.00**= $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**#** **Materials** (one per household)**:** \_\_\_\_\_\_\_\_x **$10.00** = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount to be Processed:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Entered in Argus by**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_**

 *Supervisor/Budget Manager Signature*

**Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_**

 *Director Homeownership Programs*

**Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_**

 *Managing Director of Homeownership Programs*