



PAYMENT REQUEST FORM for INVOICES/REIMBURSEMENTS

Complete and submit this form along with all invoices to be paid
And/or receipts for reimbursement via approved ASAP Board expenditure(s).

NOTE: To be eligible for reimbursement, expenditures must have prior approval from:

- Fayette County ASAP Board via budget allocation/vote
- KY-ASAP State Office via formal budget approval

SUBMITTED BY (please print): _____
FULL NAME & TITLE

PHONE (if not on already on file) _____ EMAIL (if not on already on file) _____

INVOICE TOTAL (if multiple invoices/receipts, please total all items): \$ _____

BRIEF DESCRIPTION OF EXPENSE(S): (i.e. community grant recipient; meeting supplies, etc.):

FUNDS TO COME FROM WHICH BUDGET LINE ITEM(S) AND BALANCE IF KNOWN?

Amount: \$ _____ Line Item: _____ Line Balance Before: \$ _____ Line Balance After: \$ _____

Amount: \$ _____ Line Item: _____ Line Balance Before: \$ _____ Line Balance After: \$ _____

Amount: \$ _____ Line Item: _____ Line Balance Before: \$ _____ Line Balance After: \$ _____

APPROVED BY: _____
(ASAP coordinator or Board chair/vice chair; Electronic signature permitted if completed form is to be emailed directly to fiscal agent)

ALL INVOICES / RECEIPTS MUST BE ATTACHED!

MAKE CHECK PAYABLE TO (print legibly to avoid processing delays):

NAME: _____

MAIL ADDRESS: _____

CITY-ST-ZIPCODE: _____

PHONE: _____ EMAIL: _____

PLEASE SEND COMPLETED COVER SHEET WITH ALL INVOICES, ORIGINAL RECEIPTS TO:
VirginiaP.Glasper@ky.gov and CoryC.Rutledge@ky.gov after approval by ASAP Board Chair or Coordinator.
You may mail the items to: Cory Rutledge c/o Lexington-Fayette County Health Department,
650 Newtown Pike, Lexington, KY 40508.

Please allow approximately 30 days for check processing. Thank you!

For LFCHD Office Use:
LFCHD Approval: _____
Date: _____ Fund Source: Fayette Co ASAP Funds