

Weathersfield, Vermont

Aid to Residents in Need

Request Form

Name of Applicant(s): _____ Date: _____

Address: _____

Home Phone: _____

Cell: _____

| Description of Goods or Service(s) Requested | Quantity | Unit Price | Amount |
|--|----------|------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total for Purchase | | | |

Vendor: _____ Date of Contact: _____ Vendor Representative: _____

Vendor Address: _____ City/State?Zip _____

Special Instructions: _____

Approved _____ Denied _____ Date: _____, 20____.

Trustees of Public Funds Signatures: _____

Signature / Print Name

Signature / Print Name

Signature / Print Name

(For Office Use Only)

Payables Department: Please prepare payment to the above vendor.

Town Manager Signature: _____ **GL # 41-7-101-90.90**