

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			

Approved by Majority of Trustees of Public Funds on _____, 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: _____