



Finger Lakes Trail Conference, Inc.
 6111 Visitor Center Road
 Mt. Morris, New York 14510

Request for Payment

Office Use Only: rev 2018

QB Date: _____
 Check #: _____
 Dated: _____

Pay To: _____
 Project/Service: _____
 Date: _____

5100 - Insurance

5101	Liability	
5102	Disability	
5103	Directors & Officers	
5104	Workers Compensation	
5105	Renters & Property	
5106	Umbrella	

5200 - Advertisement & Promotion

5204-1	FLT News Address/Labeling	
5204-2	News Composition	
5204-3	News Printing	
5201	Recognition Material	
5202	Membership	
5203	Marketing	

5300 - Office Expenses

5301	Service Center Supplies	
5301-1	Office Software	
5302	Map Supplies	
5303	Building Repairs	
5304	Computer Equipment	
5305	Office Equipment	
5306	Telephone/Internet	
5308	Office Maintenance	

5307 - Postage and Delivery

5307-1	USPS Permit	
5307-2	FLT News Postage	
5307-3	Membership Postage	
5307-4	Marketing Postage	
5307-5	Sales Postage	
5307-6	Admin/Monthly Fee	

5400 - Information Technology

5401	Hardware	
5402	Software	
5403	Licensing	
5404	Web Hosting	
5405	Office Equipment Repair	

5500 - Conferences, Conventions & Meetings

5500	Conf, Conv, Meetings	
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5600 - Travel

5601	Mileage Expense	
5602	Travel Expense	

5700 - Occupancy Expenses

5701	Heating	
5702	Office Rent	

5800 - Program Expense, Hike

5801	County Hike Series	
5802	Sampler Hike Series	
5803	Passport Program	
5804	Meetings & Conferences	

5900 - Program Expense, Trail

5901	Trail Mileage	
5902	Food	
5903	Material Supplies	
5904	Signs	
5905	Lodging	
5906	Tools & Equipment	
5907	Trail Preservation	
5908	Property Taxes	
5909	Trail Training	
5910	In-Kind Labor	

6000 - Fees for Services

6001	Payroll Service	
6002	Legal	
6003	Management	
6004	Accounting	
6005	Office Training	
6007	Consulting	

6900 - Miscellaneous

6901	Contributions	
6902	Dues, Membership & Subsc.	
6903-1	Trailer Registrations	
6903-2	Inspection fees	
6903-3	Land Use Permit	
6904	Tax Filing Fees	
6905	Miscellaneous	
6104	Unemployment Ins.	

5000 - Cost of Goods Sold

5003	Merchandise for Resale	
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Total Expense \$ -

Please attach bills, itemized accounting and PO's for any expense items submitted.

Payment Request Submitted By and Date: _____

Send Payment To: _____ Name: _____

Address: _____

City: _____ State/Zip: _____

Payment Approved By: _____

Date: _____