

REQUEST FOR PAYMENT/REIMBURSEMENT

REQUEST FOR PAYMENT/REIMBURSEMENT

Submitted by _____

Submitted by _____

Date: _____

Date: _____

Make Check Payable to:

Make Check Payable to:

Name _____

Name _____

Address _____

Address _____

Amount _____

Amount _____

Activity:

Activity:

_____ Club Checking

_____ Club Checking

_____ Christmas Charities

_____ Christmas Charities

_____ Fashion Show

_____ Fashion Show

_____ Scholarships

_____ Scholarships

_____ Summer Celebration

_____ Summer Celebration

_____ Other _____

_____ Other _____

Receipts attached listed by vendor, date, amount:

Receipts attached listed by vendor, date, amount:

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

4. _____

4. _____

5. _____

5. _____

6. _____

6. _____

7. _____

7. _____

8. _____

8. _____

Amount: _____

Amount: _____

Date Paid: _____

Date Paid: _____

Check No: _____

Check No: _____