

Request for Payment

Party to be reimbursed / paid:

Name / Company: _____

Address: _____

City: _____ State: _____ Zip: _____

In order to expedite the payment of a bill:

- I. Itemize below each expenditure that is on the bill
(Use the reverse side of this page if necessary .)
- 2. Staple the bill to this form

Item:	Unit Price:	Quantity:	Total Cost:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For a Total of \$ _____

Committee: _____

Chairman _____ Adviser _____

Submit this form to the Lodge Treasurer