

WOMAN'S CLUB OF DOUGLASTON

To: Treasurer

REQUEST FOR PAYMENT OF EXPENDITURE

Date: _____

Requested by _____

Payable to: _____

Address: _____

AMOUNT OF CHECK REQUIRED: _____
RECEIPT ATTACHED HERETO: _____ YES _____ NO

CHECK COVERS FOLLOWING ITEMS:

Date _____ TREASURER
Approved/Initial _____

Check No. _____ Account _____