



BAND REQUEST FOR PAYMENT

Date of Request _____

Payable to _____

Requested by _____

Phone Number _____

Date Needed _____ Amount \$ _____

Committee or Budget Account _____

Purpose _____

Fundraiser or concert season expense: submit this to your Committee Chair for approval.

All other expenses over \$100: submit this to the appropriate Board member.

APPROVAL _____

PLEASE ATTACH RECEIPTS AND/OR INVOICES TO THIS FORM!!!

If you would like your check returned by mail, **please attach a self-addressed stamped envelope.**

If you have any questions, please contact:

Barry and Stephanie Gang

b2gang@aol.com

770/998-6020

Thank You!!

