



BAND REQUEST FOR PAYMENT

Date of Request _____

Payable to _____

Requested by _____

Phone Number _____

Date Needed _____ Amount \$ _____

Committee or Budget Account _____

Purpose _____

All 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:

Don or Karen Hallacy

dhallacy@bellsouth.net

770/643-0607

Thank You!!

