

THIRD HAVEN MONTHLY MEETING – REQUEST FOR PAYMENT

Date ____/____/____

Member/Attender making request _____

Committee: _____ Amount requested \$ _____

Make check payable to: _____

What are we paying for? _____

Other information: _____

Please attach all invoices, receipts, etc. – Mail to: PO Box 2379, Easton, MD 21601

For Treasurer Use

Date Paid ____/____/____ Check # _____ Check Amount \$ _____

How was the check sent? _____

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