

MARYLAND, DELAWARE & DC ELKS ASSOCIATION

REQUEST FOR PAYMENT

DATE OF REQUEST: ____ / ____ / ____ AMOUNT OF REQUEST: _____

PAYABLE TO: _____

ADDRESS: _____

FOR: _____

CHECK BOX

ADVANCE: _____ REIMBURSEMENT: _____ DIRECT PAYMENT: _____

COMMITTEE/OFFICE: _____

REQUESTER: _____ TELEPHONE NO. _____

COMMENTS: _____

REQUESTER SIGNATURE: _____

SECRETARY/TREASURER'S USE ONLY

ACCOUNT NO: _____ DATE PAID: ____ / ____ / ____ CHECK # _____

SECRETARY SIGNATURE: _____

TREASURER'S COMMENTS: _____

TREASURER'S NOTE: Payee should be in the name of the organization. If made to an individual by way of an advance or reimbursement, itemized receipts must be submitted to support the expenditure. Please attach original cash register or vendor receipts.