

# GROVE CITY BAND BOOSTERS REQUEST FOR PAYMENT FORM

Date: \_\_\_\_\_  
Pay to: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone#: \_\_\_\_\_  
Committee: \_\_\_\_\_  
Budget Line: \_\_\_\_\_

<b>Treasurer</b>
Check# _____
Date: _____
Paid by: _____

Receipts      \$ \_\_\_\_\_ for \_\_\_\_\_  
                  \$ \_\_\_\_\_ for \_\_\_\_\_  
                  \$ \_\_\_\_\_ for \_\_\_\_\_  
                  \$ \_\_\_\_\_ for \_\_\_\_\_  
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                  \$ \_\_\_\_\_ for \_\_\_\_\_  
                  \$ \_\_\_\_\_ for \_\_\_\_\_

Total Amount    \$ \_\_\_\_\_ -                      Approved By: \_\_\_\_\_

\* Please attach all receipts