

**ADLER FAMILY ASSOCIATION REQUEST FOR PAYMENT**

Name of Committee/Event: \_\_\_\_\_

Date: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Chairperson: \_\_\_\_\_ Email: \_\_\_\_\_

Make Payment to: \_\_\_\_\_

For: \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_

Copy of invoices, receipts or other back-up documentation is attached \_\_\_\_\_

Date paid: \_\_\_\_\_ Check#: \_\_\_\_\_

Keep this copy for your committee notebook

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Treasurer's Copy