



WALTON ORCHESTRA

REQUEST FOR PAYMENT

For Treasurer's Use Only

Date _____

Check Number _____

Account _____

Class _____

Amount _____

All fundraiser expenses must have prior approval from the Committee Chair before submitting for payment or reimbursement.

All other expenses over \$500 must have prior approval from appropriate Board member before submitting for payment or reimbursement.

Amount _____ Date Needed _____

Payable To _____

Committee or Budget _____

Purpose _____

REQUESTED BY:

Name _____

Phone _____ Date _____

APPROVED BY:

Name _____ Date _____

PLEASE ATTACH RECEIPTS / INVOICES TO THIS FORM.

Attach a self-addressed, stamped envelope if you would like the check mailed to you.

Questions, please contact Marisyl Gardner @ (770) 587-1249

marisyl@comcast.net

Forms can be mailed to: Marisyl Gardner
1620 Eagles Myr NE
Marietta, GA 30068