DISTRICT 1-F LIONS			**PAGE**
PAYMENT REQUEST FORM			**_____ OF _____**
EVENT OR PURPOS		_____	
		_____	
		_____	
ATTACH ORIGINAL INVOICES OR OTHER DOCUMENTATION			
LIST DETAIL BELOW			
DATE	**.**	**VENDOR/Purpose**	**AMOUNT**
		. THIS PAGE TOTAL	
		. CHECK TOTAL	
	_____		
	NAME OF CHECK RECIPIENT		
_____	_____		_____
DATE	**SIGNATURE OF REQUESTER**		**TITLE**
SUBMITTED			
_____	_____		
DATE	**APPROVED - - - CABINET TREASURER**		