DISTRICT 1-F LIONS
PAYMENT REQUEST FORM

EVENT/PURPOSE:		
ATTACH ORIGINAL INVOICES OR OTHER DOCUMENTATION **LIST DETAIL BELOW**		
DATE	**VENDOR/PURPOSE**	**AMOUNT**
	CHECK TOTAL	$0.00
NAME OF CHECK RECIPIENT:		
ADDRESS:		
SIGNATURE OF REMITTER:		
DATE SUBMITTED:		
NOTES:		
DATE APPROVED - - - CABINET TREASURER		