



REQUEST FOR PAYMENT / REIMBURSEMENT

Date _____

Requested by _____ Title _____

() Issue payment for attached invoice / expenditure

() Issue payment for reimbursement of expenditures

() Other: _____

To: Discovery Bay Women’s Golf Club

Department: Accounting / Finance

Re: **Budget Item:** _____

Invoice #	DESCRIPTION	Total

TOTAL _____

() See attachments

Explanation of expenses: _____

Please remit as checked below:

() ASAP () Date needed ____/____/____

() Will Pick Up () Leave in 18 Holer’s drawer () Please mail out

Request received by:

Name _____ Title _____

Date ____/____/____

Date Paid: Amount \$ _____ Check # _____ () Cash

() Photo copies attached