

Crabtowne Skiers, Inc.
Request for Payments # _____

Title:	Report Date:
Date(s):	Phone:
Leader:	e-mail:

1. Vendors (attach additional sheets if necessary)

Payee:	Amount	
Mailing Address:	Due Date:	
	# _____ people X \$ _____	
Payee:	Amount	
Mailing Address:	Due Date:	
	# _____ people X \$ _____	
Payee:	Amount	
Mailing Address:	Due Date:	
	# _____ people X \$ _____	
Total Payments Requested:		

2. Advances (attach additional sheets if necessary)

Name of Recipient / Function	Amt. Requested	Reason / Date Board Approved
Total Advances Requested:		Treasurer Use Only Check Number(s)

3. Other (attach additional sheets if necessary)

Name of Recipient / Function	Amt. Requested	Reason
Total Other Payments:		Treasurer Use Only Check Number(s)

Total Payments Requested (Line 1. + Line 2. +Line 3.) Enter here and on Expense Report, Line 2.	
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Treasurer Use Only Date Received:	Date completed:	
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