

Finneytown Secondary

Request for payment



everychild.one voice.

Date: _____

Person requesting money _____ Phone _____

Make check payable to (if different) _____

Send payment to _____

Event/Activity _____

Budget Category _____

List of expenses items:

(please attach original receipts/invoices/time sheets to back of form in upper  corner)

Description

Amount

Total _____

Treasurer: Stephanie Haarlammert
790 Cloverview Avenue
Cincinnati, OH 45231

Please remember our tax exempt status.
Contact the Treasurer for our vendor ID.

Treasurer's Use Only

Check # _____

Amount Paid _____

Date Paid _____

Delivered: Mail Home In-person