

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: Miriam Schmidtgesling  
8832 Falmouth Drive  
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