

# Dover Mothers Club

## Request for Payment or Reimbursement

*Top Section is to be Completed and Submitted to Treasurer*

Date Requested:	_____		
Amount Requested:	_____		
Mark Reason for Request:	<input type="checkbox"/> Payment	<input type="checkbox"/> Reimbursement	
Item(s) purchased with funds:	_____		
Individual Making the Request:	_____		
From which Sport or Fund:	_____		
<i>Payable to:</i> Name or Company	_____		
Address	_____		
City, State, & Zip	_____		
Sport or Fund Team Mom:	_____		

*Bottom Section for Treasurer Use Only*

Date Paid/Reimbursed:	_____		
Check #	_____		
Amount:	_____		
Sport or Fund:	_____		
Receipts Submitted:	_____ Yes	_____ No	