WOMEN IN MUSIC-COLUMBUS
REQUEST FOR PAYMENT OR REIMBURSEMENT
(Please staple receipts to this page)

To: Treasurer, PO Box 14722, Columbus OH 43214 Date_____
From: _____

Please make the following payment or reimbursement of $_____(total)
To:_____
For:_____
_____
Number of receipts attached: _____If no receipt, state why not_____
_____

ACCOUNT DESCRIPTION (e.g., Postage)	DIVISION (e.g., Development)	CLASS/SUBCLASS (Reason or Project)	COST (cost)

by:

Date paid		
Check #		
Check amount		
Ent'rd QB?		

Note: In order to expedite payment, please include as much information as possible. "Classes" and "Sub-Classes" are extremely important to place the charges correctly. If you have any questions, please contact Phyllis Byard, Treasurer (614-846-2747)