

artEAST
Payment Request

Name _____ Date _____

Payee (if different) _____ Amount _____

Phone _____ E-Mail Address _____

Address _____

Committee/Event _____

Description _____

Signature _____

Please itemize if multiple receipts a/o events:

Amount	Date	Used for
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total amount _____

Need to contact the Bookkeeper?? 425-222-5878 appleseth4@centurytel.net

Bookkeeper's use only

Date Paid _____

Check# _____

Charge to: _____
