Delaware Saengerbund and Library Assn., Inc.

Request for Payment

Activity to be charged:	
To: DSB Treasurer	Date:
From:	
(Board Member or Activity Cha	airperson)
Check Payable To:	
Payee and Address	Amount
	\$
	
	
Invoice Number:	
*Explanation of Payment:	
Signature of Requestor:	

^{*} Attach at least one copy of the invoice. If payment is for supplies or materials, then the copy of the invoice <u>must indicate receipt of goods with signature of receiver</u> and the date of receipt. Please circle or highlight payment amount on invoice.