

Check No. _____

Delaware Saengerbund and Library Association

Request for Payment

Activity to be charged: _____

To: **DSB Treasurer** Date: _____

From: _____

(Board Member or Activity Chairman)

Please draw check for the following:

Payee and Address	Amount
_____	\$ _____

Invoice Number: _____

*Explanation of Payment:

* Attach at least one copy of the invoice. If payment is for supplies or materials, then the copy of the invoice must indicate receipt of goods with signature of receiver and the date receipt. Highlight payment if required.