NINERS PAYMENT REQUEST FORM

| NAME OF EVENT | | DATE | | |
|----------------------|-------------------------------|-------------|----------------------|---------|
| | | | _ | • |
| COMMITTEE CHAIR | | | | |
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| PAYEE NAME | | | | |
| ADDRESS | | | | |
| CITY, STATE, ZIPCODE | | | | |
| DAVAGNIT DEGLISC | T DETAILS | | | |
| PAYMENT REQUEST | DETAILS DETAILED DESCRIPTION | ON OF FYDEN | ISE DIIRDOSE | AMOUNT |
| DAIL | DETAILED DESCRIPTION | OR OF EXPER | ISE FOR OSE | ANIOUNT |
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| | | | TOTAL EXPENSE AMOUNT | |
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| | | | SUBMITTED BY: | |
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RETURN EXPENSE REQUEST FORM AND ALL RECEIPTS FOR PAYMENT TO MARSHA WADSWORTH, TREASURER