

# Lone Star Model A Ford Club Request For Payment/Reimbursement Form

You might need to print the form to add the signature

Date	Vendor	Description	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total</b>			+ = _____

Remit to Payee: (ONE PAYEE PER FORM)

Name:

Address:

Requestor's

Name:

Signature:

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Receipts / Invoices Enclosed:  Yes  No

**Comments:**

Reviewed and Approved by a Board Member

President

For the President's purchases

Name: Felix Boston

\_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Check Number \_\_\_\_\_

Treasurer: Joe Hocker

Signature: \_\_\_\_\_

Date: \_\_\_\_\_