

GIANTS NECK BEACH ASSOCIATION
 \$\$ CHECK REQUEST/PAYMENT AUTHORIZATION \$\$
 ORIGINAL INVOICES OR RECEIPT MUST BE ATTACHED

PAYEE:	TOTAL
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ADDRESS:

1	COMMITTEE	BUDGET LINE ITEM	INVOICE #	AMOUNT	Please check one
					<input type="checkbox"/> Operating Account <input type="checkbox"/> Capital Account

Purpose of Expenditure

Special Instructions:

2	COMMITTEE	BUDGET LINE ITEM	INVOICE #	AMOUNT	Please check one
					<input type="checkbox"/> Operating Account <input type="checkbox"/> Capital Account

Purpose of Expenditure

Special Instructions:

3	COMMITTEE	BUDGET LINE ITEM	INVOICE #	AMOUNT	Please check one
					<input type="checkbox"/> Operating Account <input type="checkbox"/> Capital Account

Purpose of Expenditure

Special Instructions:

Requested By:		Tel #
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Email:	Date :
Signature:	

Attach the following:

- Invoice(s) for payments:**
- Original receipt(s) for reimbursements:**

Submit to:

Louise Wilcox, Treasurer
236 Giants Neck Rd
Niantic, CT 06357
678 358-7001
treasurer.gnba@gmail.com