

Form #4
GARDEN CLUB OF ST. PETERSBURG

REQUEST FOR PAYMENT TO A 3rd PARTY

Date Submitted	Budget Line Item
_____	_____
Name of Authorized Position(budget required)	Contact info-phone and email

CHECK PAYABLE
TO: _____

ADDRESS: _____

REASON FOR EXPENSE (ie. services, repairs, speakers: _____

Attach Contract for Services Rendered if Applicable ie. repairs/speakers

DESCRIPTION	COST FOR ITEMS
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTALAMOUNT REQUESTED \$ _____ CK # _____

Signature of Authorized Person _____

Treasurer Signature _____