

**Clackamas County Master Gardeners Spring Garden Fair Committee**

**Request for Payment**

Date \_\_\_\_\_ Payable to \_\_\_\_\_

Send Payment to \_\_\_\_\_

Address \_\_\_\_\_

Request for payment in the amount of \$ \_\_\_\_\_

Receipt attached \_\_\_\_\_ Receipt not necessary \_\_\_\_\_

Payment for \_\_\_\_\_

**SGF** Committee Requesting \_\_\_\_\_

Requested By \_\_\_\_\_ Approved by \_\_\_\_\_

Check Number \_\_\_\_\_ Date Issued \_\_\_\_\_



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*Give to, send to or email to Chapter Treasurer or Assistant Treasurer for payment.*