

STATE PUBLIC AFFAIRS COMMITTEE
JUNIOR LEAGUES OF FLORIDA

REQUEST FOR PAYMENT

Person Requesting Payment: _____

Phone No: _____

Amount _____

Items Purchased: _____ Cost

1) _____

2) _____

3) _____

4) _____

5) _____

TOTAL: \$ _____

Date Submitted _____ SPAC Position _____

Check to be made payable to: _____

Mail to this address: _____

-----To Be Completed By SPAC Treasurer-----

Date of Payment _____

Check # _____

Initials of Treasurer _____

Cleared on _____