



Richardson Woman's Club

Payment Request Form

Member requesting payment: _____ Phone: _____

Committee/Category/Event: _____

Purpose of Payment: _____

Payable to: _____ Date: _____

Address: _____

City: _____ Zip: _____

Total Amount: \$ _____

Approved by: _____

Committee/ Division Chair

RWC President (only if over \$500)

FORM MUST BE SIGNED.

This part to be filled out by Treasurer

Date Paid _____

Check No. _____

Category _____