**Temple Ahavat Shalom Sisterhood**

**Payment Request**

**Please Mail Receipts/Bills to:**

**Dorothy B. Hoffman**

11234 White Oak Ave.

Granada Hills, CA 91344

|  |
| --- |
| For Treasurer use ONLY |
| Paid on check #  |   |
| Date: |   |
| Amount: $ |   |

Or email to: dhoffman10@socal.rr.com

Questions? (818) 606-2084

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Payable to:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please use as many lines as necessary to describe each item below

|  |  |  |
| --- | --- | --- |
| PLACE PURCHASED/ITEMS | ACCOUNT TO BE CHARGED |  AMOUNT |
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|   |   |   |
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|   |   |   |
|   |   |   |
|   |   |   |
|  | TOTAL |  $ -  |

\*\*\*Please attach all bills or receipts\*\*\*

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_