

NOTG PAYMENT REQUEST FORM

Mail to:
NOTG
c/o Anne Lynne Charbonnet
8141 Maple Street
New Orleans, LA 70118
Email address: ald_jsc@bellsouth.net

Please attach **original invoices and/or receipts for reimbursement** (IRS does not accept copies)

Date of Request: _____ Total Amount of Payment Requested: \$ _____

MAKE CHECK PAYABLE TO:

Deliver or mail to (circle one): NOTG member Third Party
Name & Address

Circle Area of Expense: Community Fundraiser Administration Other _____

Number of receipts/invoices attached: _____

Expense Description:

MEMORIAL DONATIONS

In memory of: _____

Acknowledgments (list as you want the person addressed & mailing address):

1)

2)

3)

Treasurer Use: Check #: _____ Date Issued: _____