

PAYMENT REQUEST

Date
Amount of Payment: \$
Reason for Payment:
Receipt(s) Attached \square YES \square NO
Submitted/Approved By:
Make Payable to:
Address:
Attach ORIGINAL receipts and submit to: Tim Cutshall 658 Mansion Road Winfield, MO 63389

Gatharde St. Librais Sinefland Sheepdog	Date Paid Check #	
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