

**GFWC/CFWC San Bernardino District**  
**REQUEST FOR PAYMENT**

Date \_\_\_\_\_

Payment To \_\_\_\_\_

Address \_\_\_\_\_

For \_\_\_\_\_

Requested By \_\_\_\_\_

Budget Line Item \_\_\_\_\_

Date Paid \_\_\_\_\_

Check # \_\_\_\_\_

\$ Amount \_\_\_\_\_

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