

**HONPA HONGWANJI MISSION HAWAII
FEDERATION OF BUDDHIST WOMEN'S ASSOCIATIONS
REQUEST FOR PAYMENT** (revised 3/5/21)

Payable to: _____ Date: _____

Remarks: _____ Amount: _____

Requested by: _____ Approved by: _____

Please attach receipt/s .

Indicate Name and Address to where the check is to be sent.

For Finance Committee use only:

Check # _____ Date issued: _____ Account charged to: _____

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