HONPA HONGWANJI MISSION OF HAWAII HAWAII FEDERATION OF BUDDHIST WOMEN'S ASSOCIATIONS

REQUEST FOR PAYMENT (revised 10/12/22)

Payable to:			
Date:		Amount:	
5		Approved by:	
Remarks:			
Name and address	to where the check is to be s	ent:	
		_	
		_	
		_	
Please attach recei	ipt(s).		
For Finance Commi	ttee use only:		
Check #Da	te issued:Accou	int charged to:	

To use this form

- 1. Fill in the shaded fields (except those for Finance Committee use only).
- 2. Save/download the form and give it a new name on your computer.
- 3. Create an email to the Treasurer and attach the saved form to the email.
- 4. Attach photos/scans of the receipt(s), if needed.

Note that the information you enter is only saved to your computer. The next person to access the form on the website will see blank shaded fields.