



Business and Professional Women/OH

2024-2025 REQUEST FOR PAYMENT

To The Treasurer

Date: _____

Please issue a check in the amount of: _____

Payable to: _____

Address: _____

(include city and zip code)

For: _____

Charge to the following account(s)

Attach receipt(s) to this form

Amt: _____

Amt: _____

Amt: _____

Requested by: _____ Title _____

Approved by: _____ Title _____

Payment Date: _____ Check # _____

Comments: _____



Please mail the request to State Treasurer (with receipts)
Brenda Anders, 557 Ross Rd SE, Lancaster, OH 43130 or
scan and send via email to Treasurer@OhioBPW.org

Revised 06/07/2024