



Business and Professional Women/OH

2025 – 2026 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)
Mari Ann Ohba, 544 Lincoln Blvd., Steubenville, OH 43952 or
Scan and send via email to Treasurer@Ohiobpw.org
Revised 06/07/2025