

DORCHESTER HISTORICAL SOCIETY
PAYMENT REQUEST

Requested by: _____ **Date requested:** _____

Return to: _____ **Date needed:** _____

Amount: \$ _____

Payable to: _____

Mailing Address: _____

Federal tax ID/SS#: _____

Purpose: _____

Receipt attached?

Type of Reimbursable Expense:

Program Expense Date of Program: _____

Repair/Maintenance Expense For Blake House 195 Boston 199 Boston

Postage

Printing For Publication: _____

Other

Specify: _____

Special instruction/comments: _____

Check #: _____

Date Paid: _____

Note: fill out this form if you have spent money on behalf of the Dorchester Historical Society for which you would like to be reimbursed. Usually expenses to be reimbursed will have been discussed in advance. Every request will be evaluated by the Finance Committee for appropriateness.