AMERICAN SPANIEL CLUB FOUNDATION
Health. Education. Rescue

REQUEST FOR PAYMENT – RESCUE NOT TO EXCEED $300

Date Submitted: _____

Amount of Payment: _____

Payee: _____

Payee Address: _____

_____

Brief Description: _____

_____

If equal or less than $300, Rescue Chairman may sign and submit directly to Treasurer, ASCF, for payment. All supporting documentation is to be retained by the Rescue Chairman. All information above is required for payment. Attach any receipts

_____

Andrea Floyd, Rescue Chairman Date Signed

REQUEST FOR PAYMENT – RESCUE $300.01 AND OVER

Date Submitted: _____

Payment Requested: _____

Payment Approved by the Board: _____

Date of Board Approval: _____

Payee: _____

Payee Address: _____

_____

Brief Description: _____

_____

The rescue Chairman should sign the completed request and submit it directly to Treasurer, ASCF, for payment. All supporting documentation is to be retained by the Rescue Chairman. All information above is required for payment. Treasurer will attach minutes from the Board Meeting of actual payment approved to be retained in Treasurer's records. Attach any receipts

_____

Andrea Floyd, Rescue Chairman Date Signed