

PLEIN AIR PALM BEACH, Inc.

CHECK REQUISITION: **Attach receipts or invoices to requisition**

CHARGE TO BUDGET CATEGORY _____

If for an event, what is the date: _____

Expense	Amount
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1. _____	_____
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2. _____	_____
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3. _____	_____
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4. _____	_____
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5. _____	_____
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6. _____	_____
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TOTAL \$ _____

Make Check out to: _____

I affirm that I have made these expenditures only for the above stated budget category in my capacity as _____

Signature _____

===== Treasurer's Notes =====

CHECK # _____	AMOUNT _____
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