

# 51<sup>st</sup> Ohio Dance Convention

## Request for payment.

Date:

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Amount of request:

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Printed Name of person requesting payment:

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Signature:

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Address of requestor:

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Committee to post expense to:

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Signature of committee chair  
approving expense:

(This must be the chair of the committee,  
the general chair or vice chair of the convention, or approved by the  
committee as a whole.)

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Please attach receipts. Expenses without receipts must be approved by the general chair.

For Treasurer's use:

Date payment made: \_\_\_\_\_

Check number: \_\_\_\_\_