

Lexington Boat Club

Payment Request Form

Date _____

Complete one form for each Payment Request

To be Completed by Requestor

Requestor: _____

Phone Number: _____

Email Address: _____

Amount of Payment: _____ Cruise/Event: _____

☐ Trip Deposit ☐ Balance of Trip ☐ Supplies

Description of Purchased Items

Payable To: _____

Address (if mailed): _____

Disposition of Payment

☐ Mail ☐ Requestor ☐ Payee

Amount Due: _____ Date Due: _____

To be Completed by Purser

Check No. _____

Amount Paid: _____ Date Paid: _____

To be Completed by Database Administrator

Entered By: _____ Date: _____