

#940 * Marine Corps League

Payment Request OR Deposit of Monies Form

PLEASE MAKE CHECK PAYABLE TO: (Please use a separate form when requesting a Check Request and Deposit of Monies)

Name:		
Address:		
City:	State:	Zip:

NAME OF PERSON SUBMITTING REQUEST: (Please print)

Name:

Please attach the invoice and/or accounting information for the action you are requesting. Be sure to use the accounting codes.

- | | |
|------------------------------|--------------------|
| 1 - Commandant | 2 - Administration |
| 3 - Membership | 4 - Honor Guard |
| 5 - Shirts, Pins, Covers | 6 - Product Sales |
| 7 - Events, Activities | 8 - Breakfast |
| 9 - Donations, Contributions | 10 - Scholarships |
| 11 - Medals, Ribbons | 12 - Other |

Code #	Description of Payment Request or Deposit	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Check picked up by: _____

Total Deposit \$ _____

CASH picked up by: _____

Total Request \$ _____

Signature of Board Member (Required) _____ Date _____

PLEASE ATTACH ALL CHECKS, RECEIPTS AND INVOICES, and send this form to:

Commandant - P. O Box 6157, Folsom, CA 95630

(If e-mailing, please also send signed form(s), receipt(s) and invoice(s) as they are required documents.)

Date Reimbursed: _____ Check #: _____ Mailed: _____