

PAYMENT REQUEST FORM

Faughs G.A.A. Club, Wellington Lane, Templeogue, Dublin 6W. Tel:01-4903566

			Mail:faughs@eircom.net		
		Ple	Please Tick as appropriate: ➤		
			mogie 🖵 dicate which	Hurling□ group Hurl or Camogie).	
		Sei	nior 🗖	Juvenile□	
Date of Rec	quest://	_			
Request Su	bmitted by:	Tea	m:(e.g. Juv	U16)	
Payment A	mount €		(2	,	
Details of C	Claim eg Activity, Referee f	or Match, listing Mat	ch's etc.		
Date	Description of Expenditu	ure		Amount	
NB: Docum	nents i.e. Invoices / receipts	must be provided to	support requ	iest.	
Approved By:		(Treasurer or Ch	nairman).		
Paid By:					
Date Paid :		Received By:			
Guidance N	Notes: ats will be made by Cheque	.			

All Payments will be made by Cheque. All claims to be submitted < 1 month of expense incurrence.

Expenses >€500 must be sanctioned in advance by Treasurer and an Executive Committee Member.