

HONPA HONGWANJI MISSION
HAWAII FEDERATION OF BUDDHIST WOMEN'S ASSOCIATION

REQUEST FOR PAYMENT

Payable to: _____ Date: _____

Remarks: _____ Amount: _____

Requested by: _____ Approved by: _____

Please attach receipt/s _____

For Finance Committee use only:

Check # _____ Date issued: _____ Account charged to: _____

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