

# **Chelmsford Friends of Music Requisition for Payment**

**Name:**

**Date:**

**Name of Musical Group:**

**Amount Requested:**

**Expense Description:**

## **PROCEDURE:**

**Please submit this form to a CFOM officer at least two weeks prior to our meeting (the second Thursday of each month) so that the request may be properly considered. Although not required, you are strongly encouraged to attend the meeting where your request will be discussed to provide clarification if necessary. You will be notified within three days of the meeting as to the action taken and the amount approved. Payment will be made to the appropriate party upon receipt of a copy of the invoice by the CFOM Treasurer.**

**Requisitions must be submitted before expenses have been incurred. Under no circumstances will reimbursement be provided for money already spent.**

