

REQUEST FOR PAYMENT
FROM SCHENECTADY CHAPTER ADK

Name and address to send payment:

Date: _____

Name _____

Street _____

City _____

State/ZIP _____

TOTAL AMOUNT _____

Reason for expense: _____

CIRCLE CATEGORY OF EXPENSE
(Each expense needs approval by appropriate spending authority)

Administration

Innings

Trails

Bulletin

Membership

Treasurer

Camp Colby

Outings

White Water

Conservation

Publicity

Chapter Events

Envelopes/Sec.

Silver Lakes

Other _____

***** Attach all receipts *****

Description (if needed):

Send this completed form and attached receipts to:

**Adirondack Mountain Club
C/O Mike Brun
4001 Jockey Street
Ballston Lake, NY 12019**