

Dallas Genealogical Society Payment Form

Revised: 16 October 2017

Your Name:

Title:

Date:

Payment Type:

Payee Name
and Address

Description:

Amount:

Account:

Description:

Amount:

Account:

Description:

Amount:

Account:

Description:

Amount:

Account:

Description:

Amount:

Account:

Total Amount:

Signature:

Approved By:

Title

Date

Receipts must be submitted for each item.