



Ohio

Columbus

Dental Hygienists' Association

Request for Payment

Directions:

1. Fill out all Information.
2. Save it to your computer and attach to email.
3. Send RFP to appropriate person for authorization and then send to Mason Colon at masoncolon96@gmail.com

Date:

Payment requested by:

Make Check Payable to:

Send Check to:

Name:

Address:

City:

State:

Zip Code:

Phone Number:

Description of expenses and amounts:

Description:

Amount:

Total:

Authorized by: