

ISLAMIC CENTER OF ROCHESTER, INC

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PAYMENT REQUEST FORM

(Attach Original Receipts)

Pay To: _____

Address: _____

Phone #: _____ Social Security #(If applicable) _____

<i>Item #</i>	<i>Description</i>	<i>Amount \$</i>

TOTAL _____

Name and Signature of the Requestor

Date

Signature of the President
(Required if the total amount is above \$1000)

Date