

FRIENDS OF BRAZORIA WILDLIFE REFUGES REQUEST FOR PAYMENT

Requested by _____ Date _____

Project or Grant Name _____ Tracking Number _____

Authorized by _____ Title _____

This is: Payment of invoice Reimbursement Prepayment Other

Payment to _____ Amount \$ _____

Reason for payment _____

List vendors and amounts whose receipts (or invoices) are attached (continue on back if necessary)

Note: Reimbursements will be made only if receipts or invoices are attached.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

FOBWR Check No. _____ Date _____ Amount \$ _____

Keep check until next time you see me.

Mail Check to _____ City _____ Zip _____

Mail check to name on invoice.

Transfer the amount directly to my TDECU account
with TDECU member-to-member transfer procedure →

*Sign and date this form and mail it to
Friends of Brazoria Wildlife Refuge
P.O. Box 505
, Lake Jackson, TX 77566-0505*

FOR TDECU TRANSFERS ONLY	
Account Number _____	
First three letters of last name _____	
Checking	Savings

Signature of person making request _____ Date _____

Reviewed by _____

Title _____

Signature _____ Date _____