

# Dallas Genealogical Society Payment Form

Your Name:

Title:

Date:

Payment Type:

Payee Name  
and Address

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Description:

Amount:

Account:

Description:

Amount:

Account:

Description:

Amount:

Account:

Description:

Amount:

Account:

Description:

Amount:

Account:

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Total Amount:

Signature:

Approved By:

Date

Title

Receipts must be submitted for each item.