REQUEST FOR PAYMENT

Account	*Description*	*Amount*	*Budgeted Y/N*

Submitted By: _____

Date submitted to Treasurer _____

If unbudgeted item date Approved by Board _____

Make check payable to: _____

Address: _____

_____

_____

Phone Number: _____

Email Address: _____

_____ _____

Treasurer ***President***

NOTE: Attach billing invoice or receipts

For Treasurer's Use:
Check #_____
Date of Check_____

CA/2009