

California State Association of Parliamentarians (CSAP)

Request for Payment or Reimbursement

/___/ General Account ~ /___/ Growth and Service Account

Pay to: _____

Address _____

City/State/Zip _____

Phone _____ email _____

Expenses for:

Account	Amount
Total	\$ _____

Date _____

Signature/Title _____

Authorized by (if required) _____

(Committee Chair, Officer or Treasurer)

Attach appropriate copies of all invoices, bills or receipts and mail to:

Gail E. Lover, Treasurer
P O Box 740386 San Diego, CA 92174-0386
E-mail – glover8311@aol.com ~ (619) 264-6454

For Treasurer's Use

Date Paid _____

Check No. _____

Amount Paid _____

***Audited by Financial
Review Officer***

Date _____

Initials _____