

California State Association of Parliamentarians
Request for Payment or Reimbursement

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

Pay to: _____

Address _____

City/State/Zip _____

Phone _____ email _____

Attach appropriate copies of all invoices, bills or receipts and mail to:
Murriel Oles, Treasurer
P O Box 855, Loomis, CA 95650
email - mvoles@sbcglobal.net ~ fax - 916.652.9576

Expenses for:	Account	Amount	
Total		\$	

Date _____

Signature/Title _____

Authorized by (if required) _____

(Committee Chair, Officer or Treasurer)

Audited by Financial Review Officer

Date _____

Initials _____

For Treasurer's Use

Date Paid _____

Check No. _____

Amount Paid _____