

Please complete this form, attach all invoices, receipts, and/or documentation that support this request to the back, and place in the Treasure's box found in the Reception Office.

Date:						
Payable to:	Name					
	Name:	Name:				
	Street A	Address or PO Box				
City, State, Zip						
If there are r	multiple re	ceipts, please list them	separate	ly:		
ACCOUNT NO.		DESCRIPTION OF EXPENSE			AMOUNT	
				TOTAL		
From:				ADDROVED FOR DAVA	AFNIT	
Program or Committee Name			Dv.	APPROVED FOR PAYMENT		
Special Delivery Instructions:			By Dat By Dat			
			Account numbers noted above Check prepared by Check signed by			