

<i>For Treasurer's Use</i>
DATE PAID
AMOUNT
CHECK NO.
POSTED BY:
DATE:

CHECK SIGNER'S APPROVAL: _____

NOTE : CHECK SIGNERS MUST REVIEW SUPPORTING DOCUMENTATION AND INITIAL TO INDICATE THEIR REVIEW AND APPROVAL.

**ASSISTANCE LEAGUE® OF LOS GATOS-SARATOGA
REQUEST FOR PAYMENT**

DATE OF REQUEST:	COMMITTEE/PROJECT NAME:
------------------	-------------------------

MAKE CHECK PAYABLE TO: _____
ADDRESS: _____

MAILING INSTRUCTIONS: _____

LIST ITEMS TO BE PAID.
ATTACH ALL SALES RECEIPTS OR INVOICES.

DESCRIPTION	AMOUNT
TOTAL	

<i>For Treasurer's Use</i>	
ACCT NAME	ACCT #

APPROVED FOR PAYMENT:

SIGNATURE OF PERSON REQUESTING PAYMENT

BOARD MEMBER SIGNATURE

PHONE NUMBER