



# CHECK REQUEST

Payee \_\_\_\_\_ Invoice # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Is this a reimbursement?  yes  no

Amount \$ \_\_\_\_\_ . \_\_\_\_\_ Date Needed by: \_\_\_\_\_

Program / Committee: \_\_\_\_\_

<u>GL Account</u>	<u>Amount</u>	<u>Description of Expenditure</u>
_____	\$ _____ . _____	_____
_____	\$ _____ . _____	_____
_____	\$ _____ . _____	_____
_____	\$ _____ . _____	_____
_____	\$ _____ . _____	_____
_____	\$ _____ . _____	_____
_____	\$ _____ . _____	_____
_____	\$ _____ . _____	_____
_____	\$ _____ . _____	_____

Total \$ \_\_\_\_\_ . \_\_\_\_\_

\*\*\*\*\*

Submitted By (if other than chairman): \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Submitted To: \_\_\_\_\_ Via \_\_\_\_\_

If emailed send to : [cshatres@att.net](mailto:cshatres@att.net) and [californiastatehorsemen@gmail.com](mailto:californiastatehorsemen@gmail.com)

### Program/committee expenditures require the chairman's approval:

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Approved \_\_\_\_ Not Approved \_\_\_\_

By: \_\_\_\_\_

Submitted to State Office via: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### State Office/Treasurer

Received By: \_\_\_\_\_ Date received \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Paid \_\_\_\_/\_\_\_\_/\_\_\_\_ Check # \_\_\_\_\_