



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 \$ _____ . _____

Program/committee expenditures require the chairman's approval

Submitted By (other than chairman): _____ Date ____/____/____

Submitted To: _____ Via _____

Program/committee chairman's approval:

Date Received ____/____/____ Approved _____ Not Approved _____

By: _____ Signature _____

Submitted to State Office via: _____ Date ____/____/____

If emailed send to: californiastatehorsemen@gmail.com

State Office/Treasurer

Received By: _____ Date received ____/____/____

Date Paid ____/____/____ Check # _____