

MLGSCA Joint Meeting 2005

Finance Committee

Request for Payment of Invoice/Reimbursement of Expense

Submit to: Ellen Aaronson, Financial Coordinator
4138 Bon Homme Rd.
Calabasas, CA 91302
(818) 591-0555
(818) 591-0556 fax
bradhill@charter.net

Today's Date: _____ Date of Expense: _____

Your Name: _____

Mail check to: _____

Item or Service to be Paid/Reimbursed: _____

Amount: _____

Check one: (please attach receipt, if possible)

- Request for payment (invoice or statement # if applicable: _____)
- Request for reimbursement

Check expense category:

- Administration
- Continuing Education
- Exhibits
- Facilities
- Hospitality
- Program
- Publicity
- Technology/Web
- Other (specify: _____)

In order to comply with federal regulations, please supply the following information for all recipients of checks written to individuals:

Home Mailing Address (if different than above): _____

Social Security #: _____ Telephone #: _____