

CALIFORNIA RETIRED TEACHERS ASSOCIATION
Santa Clara County Area 5 Division 6

REQUEST FOR PAYMENT

Amount \$ _____

Date _____

Pay to _____

For _____

Budget Account _____

Please attach bills or invoices on back and away from any hole-punching. No payments will be made without this voucher having been completely filled out.

Signature _____

Check# _____

Date on Check _____

Amount \$ _____

Processed by _____

Detailed information about the CRTA Chapter Budget can be found on the Internet at http://www.almaden.net/CRTA_TreasurerFiles/treasurer_files.html.