TIME TO TRAVEL

REQUEST FOR PAYMENT

Please send to Treasurer Kathy Jones at 10150 Rockwood Court, Boise, ID 83704 **within 30 days of expenditure**.

Date: _____

DATE OF EXPENSE	DESCRIPTION or for what EVENT	AMOUNT *
	TOTAL	

* Attach receipts to this request

Send check to:

Name _____

Address _____

City, State, Zip _____

Signature _____

Check # _____

Amount Paid _____

Treasurer's Signature _____