REQUEST FOR PAYMENT

Poway Cruisers Car Club

Name of Committee & Individual requesting payment/reimbursement:	**Date of request:**
Event:	**Date of event:**
Check should be payable to:	**Phone:**
Street address:	
City, State, Zip Code:	

Description of expenditures: (Itemized receipts must be attached to this form)	**Amounts of expenditures**
Total amount requested:	**$ 0.00**

Submitted to Club Steering Committee for approval on: **Approved on:**

Signed: _____ Club President / Steering Committee

Submit Payment request form and receipts to the Club Treasurer for payment once approved by the Club Steering Committee