



CDHA Request for Payment Form

This form should be used to request reimbursement for expenses

Directions on filling out the form:

1. Fill out all the information.
2. Save with your changes to your computer.
3. Send RFP form and receipts to the appropriate person for authorization.
 - Delegate expenses will go to trustee
 - All other expenses will go to the President.
4. The person approving the expense will send to Kaitlin Kelley @ thecdhatreasurer@gmail.com.

Date: _____

Payment requested by: _____

Make Check Payable to: _____

Send Check to: Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Telephone Number: _____

Email: _____

Preferred Delivery method: _____ Electronic _____ Mail

Description of expenses :

Amount:

Total: _____

Other notes about expense:

I, _____, authorize the payment of above expense.

Date:

For treasurer use only: Check # _____

Electronic _____