



---

---

REQUEST FOR PAYMENT  
From the CAE4-HA Treasury

Date: \_\_\_\_\_

Person/Member Requesting Funds: \_\_\_\_\_

Address: \_\_\_\_\_

Funds Requested: \_\_\_\_\_

Purpose:

Make Check Payable To: \_\_\_\_\_

Address: \_\_\_\_\_

**Date:** \_\_\_\_\_ **Budget Category:** \_\_\_\_\_

**Amount Paid:** \_\_\_\_\_ **Check Number:** \_\_\_\_\_

**Treasurer's Signature:** \_\_\_\_\_