

REQUEST FOR PAYMENT

Region 12 Convention 2019

PAY TO:

Name _____
Address _____
City, State, Zip _____

Submitted by: _____ Date _____
(signature)
Print Name _____
Phone Number _____

Approved by: _____ Date _____
(Send all RFP's to CRC first for approval)

Geri Miller-Riedel
507 Valley View Drive
Paradise, CA 95969
H 530-872-4559/C 530-566-2987
gerinbob9576@sbcglobal.net

PAID:

Check # _____
Amount _____
Date _____

Budget Category	Item Description	\$ Amount

Total \$

Marie "Re" Grandeen
PO Box 324
Corning, CA 96021
H 530-824-9177/C 530-519-1551
regrandeen@sbcglobal.net