

REQUEST FOR PAYMENT

Region 12 Convention 2018

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