

AAUW Sonora  
P.O. Box 3903  
Sonora CA 95370

**Request for Payment**

<u>DATE</u>	<u>ITEM</u>	<u>AMOUNT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL:		_____

Make check payable to: Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

=====

===== For Treasurer's Use =====

Paid Check #: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_