

CALIFORNIA FEDERATION OF WOMEN'S CLUBS  
SAN BERNARDINO DISTRICT

REQUEST FOR PAYMENT

To the Budget Director:

Date \_\_\_\_\_

Please issue a warrant payable to:

\_\_\_\_\_

For the following expenses:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

*Total Amount* \$ \_\_\_\_\_

Charge to Budget Classification \_\_\_\_\_

\_\_\_\_\_

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

Warrant Number: \_\_\_\_\_

Signed: \_\_\_\_\_  
*Budget Director*

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