



# UNITED STATES JUDO FEDERATION

## REQUEST FOR PAYMENT

(Send to your Program Director for Approval)

TO: Edward Hanashiro, Treasurer  
c/o USJF National Office  
P. O. Box 338 • Ontario, OR 97914-0338

*Please use Adobe Acrobat to complete & print out this form*

DATE OF REQUEST: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

COMMITTEE/SUBCOMMITTEE: \_\_\_\_\_

**Do Not Write  
In This Column**  
Account Number

Expense Description			Account Number
1. _____	\$	_____	_____
2. _____	\$	_____	_____
3. _____	\$	_____	_____
4. _____	\$	_____	_____
5. _____	\$	_____	_____
6. _____	\$	_____	_____
TOTAL =		\$	_____

PROGRAM DIRECTOR'S APPROVAL: (Please initial each amount approved.)

Signature: \_\_\_\_\_

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

Check to be made payable to: \_\_\_\_\_

Check to be mailed to: \_\_\_\_\_

PAYMENT DUE DATE: \_\_\_\_\_

.....  
This is a **REIMBURSEMENT** - Receipts ATTACHED: \_\_\_\_\_

This is an **ADVANCE** - Receipts will be sent no later than: \_\_\_\_\_  
.....

**DO NOT WRITE BELOW THIS LINE (Treasurer's Use Only)**

Date Rec'd \_\_\_\_\_ Receipts Rec'd \_\_\_\_\_ Verified \_\_\_\_\_ Budgeted \_\_\_\_\_

Authorized \_\_\_\_\_ Date Paid \_\_\_\_\_ Check # \_\_\_\_\_