

UNITED STATES JUDO FEDERATION

REQUEST FOR PAYMENT

(Send to your Program Director for Approval)



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

DATE OF REQUEST: _____

SUBMITTED BY: _____

COMMITTEE/SUBCOMMITTEE: _____

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

1.	_____	\$ _____	_____
2.	_____	\$ _____	_____
3.	_____	\$ _____	_____
4.	_____	\$ _____	_____
5.	_____	\$ _____	_____
	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 # _____