

UNITED STATES JUDO FEDERATION

REQUEST FOR PAYMENT

(Send to your Program Director for Approval)



TO: Ken Teshima, 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 # _____