

REQUEST FOR PAYMENT

On various dates, I incurred the following expenses on behalf of Idaho Good Sam Organization:

<u>Mileage</u>	<u>Round Trip Miles</u>
Date _____ From _____ To _____	
Purpose _____	_____
Date _____ From _____ To _____	
Purpose _____	_____
Date _____ From _____ To _____	
Purpose _____	_____
Date _____ From _____ To _____	
Purpose _____	_____
	Total Miles _____

Total Miles _____ @ \$.25 per mile..... \$ _____

Postage Expense (Attach Receipts)..... \$ _____

Telephone Expense (Attach Receipts) \$ _____

Other Expense (Explain & Attach Receipts) \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Expenses \$ _____

Date Submitted: _____

Print Name: _____

Address: _____

City/State: _____

Signature: _____

Date Approved: _____

By: _____

Date Paid: _____

Check Number: _____

Amount Paid: _____

Treasurer: _____