



Special Libraries Association
San Andreas Chapter
Expenditure Request

Request Date: _____ Requester: _____

Please issue a check for the following:

Amount: \$ _____

Payable to: _____

Mail to: (include name only if different from Payable) PLEASE PRINT

Name: _____

Address: _____

City/State/ZIP: _____

Description of Expenditure:

Committee/Office: _____

Submit to:

Luisa Tosi Claeys
19995 Scotland Dr.
Saratoga, CA 95070
Luisa@LuisaTosiClaeys.com

Please attach all original receipt(s) or invoice(s)

Treasure's use only:

Check # _____

Budgeted () Yes () No

Date Paid _____

Board approval date: _____