

**ASSISTEENS - PAYMENT/REIMBURSEMENT REQUEST**

**TO: ALF TREASURER:**

**DATE:** \_\_\_\_\_

**EXPENDITURE FOR:**

**AMOUNT: \$** \_\_\_\_\_

**INSTRUCTIONS: Check payable to:**

(check one)	<input type="checkbox"/> Leave in the Assisteens Box	<b>CHECK #</b>		
	<input type="checkbox"/> Mail check to:	<b>ALF TREASURER USE ONLY</b>		
Please attach all receipts		<b>Amount</b>	<b>Account #</b>	<b>Class #</b>
	<input type="checkbox"/> Other:			
SUBMITTED BY:				
	(Signature)			

7/13/2017

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