**American Association of University Women**

# La Mesa-El Cajon Branch

**REQUEST FOR PAYMENT**

 **This Form is Required to Process Payments**

|  |  |
| --- | --- |
| Date: |  |
| TREASURER: please pay the following to: (**Please include an address label if you have one.)** |
| Name: |  |
| Address: |  |
| City, State, Zip: |  |
| For: |
| **Description** |  | **Price** |
|  |  |  |
|  |  |  |
|  |  |  |
| TOTAL: |  |  |

**Attach invoice, receipt or bill.**

**Payment cannot be processed without documentation.**

|  |  |  |
| --- | --- | --- |
| Charge to the following Account(s): |  | Signature of Committee Chair |
|  |  |  |
|  |  |  |

**Send form to: Jane Niemeier**

 **1459 Everview Rd**

 **San Diego, CA 92110**

Date Processed: Check #