# REGION XIX

**Association of California School Administrators**
**RIVERSIDE COUNTY**

# Request for Payment

*Please attach all required/pertinent receipts.*
*Send top two copies to Treasurer. Keep last copy.*

Name of Payee/Payer

Mailing Address

For Mileage Claims: Physical Street Address

City | State | Zip Code

Date

| Description of Item/Service | Amount |
|---|---|
| | |
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| | |
| | |
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| | |
| | |
| | |
| **Total** | |

I certify that items/services were received/rendered.

Signature

*DO NOT WRITE IN SPACES BELOW*

**APPROVAL**

TREASURER

DATE: CHECK #: ACCOUNT #: