

# Columbia Agility Team, Inc.

## Request for Payment

Specific Event, Category or Reimbursement:

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Itemized Expenses	\$ Amount
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL:	

Make checks payable to:	Please attach supporting receipts or invoices and mail payment request to the CAT Treasurer:  Anthony Giusa 9390 SW Templar Place Beaverton, OR 97008
Mail to:	

Submitted By: \_\_\_\_\_  
Please Print Name

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To receive a reimbursement, a request must be received by the Treasurer within 90 days of the event.**

**For use by Treasurer**  
 Request Rec'd: \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Approved By: \_\_\_\_\_