SOUTHEAST DIVISION SCCA
PAYMENT REQUEST

SEND PAYMENT REQUEST TO:

KAY ROBERTS
771 WHITE BLOSSOM CT.
POWDER SPRINGS, GA 30127
kay@palabora.us

PAY TO: _____

ADDRESS: _____

_____

DIVISION TITLE: _____

Describe the activity for which you are requesting reimbursement. What event? Was it hosted by a Region, if so, which one? What's the date of the event? Why did you go to this event?

PLEASE ATTACH RECEIPTS, COPIES OF PHONE BILLS, ETC. WHICH DESCRIBE THE EXPENSES FOR WHICH YOU ARE REQUESTING REIMBURSEMENT. PLEASE BREAK-OUT EXPENSES BY ITEM, DATE AND LOCATION.

DESCRIPTION	SEDIV	SARRC	TIME TRIALS	SOLO	ECR	OTHER
SUBTOTALS	0.00	0.00	0.00	0.00	0.00	0.00

LESS PAID TO YOU FROM ANOTHER SOURCE
OR EQUIVILANT IN EXPENSES PAID
(ie, gas cards, motels paid, etc.) _____

TOTAL PAYMENT REQUESTED 0.00

I CERTIFY THAT EXPENSES INCURRED BY ME WERE MADE ON BEHALF OF THE SOUTHEAST DIVISION SCCA AND THIS REIMBURSEMENT REQUESTED IS TRUE AND ACCURATE AND SOLEY RELATED TO THE DIVISION'S BUSINESS.

_____ _____
SIGNATURE DATE

TREASURER'S USE ONLY
DATE PAID
CHECK #

4/10