

Alexandria Jaycees, Inc.
 P.O. Box 1836
 Alexandria, Virginia 22313-1836



ALEXANDRIA
JAYCEES

REQUEST FOR PAYMENT/REIMBURSEMENT

Name of Payee: _____

Address: _____

Phone: - - _____

Portfolio: _____

Date	Description	Amount	Project
Total			

You must have either an Invoice or Receipt attached to this Form and approval from the appropriate Chapter Officer or President.

Requestors: _____ Date: _____

Approval: _____ Date: _____

Office Use Only: Check # _____ Date: _____