Southern California Quarterly Meeting of the Religious Society of Friends
Reimbursement Request

Payable to: _____

Request Date: _____
(YYYY-MM-DD)

Address _____

City/State/Zip: _____

Date	Vendor	Description	For	Total
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -

Committee Name: _____

Committee Clerk: _____

Clerk Signature: _____

Treasurer Name: _____

Date Paid _____

Payment Method _____

Please attach receipts and obtain the approval signature from the Clerk of the authorizing Committee. Digital copies are preferred, but paper copies are acceptable. Then email the Request and receipts to the Treasurer (treasurer@scqm.org) . If necessary the receipts and form can be mailed to Gary Wolff at 1020 El Sur Ave., Arcadia, CA 91006-4529.