



UNITED STATES JUDO FEDERATION

REQUEST FOR PAYMENT

(Send to your Program Director for Approval)

TO: Edward Hanashiro, Treasurer
c/o USJF National Office
P. O. Box 338 • Ontario, OR 97914-0338

Please use Adobe Acrobat to complete & print out this form

DATE OF REQUEST: _____

SUBMITTED BY: _____

COMMITTEE/SUBCOMMITTEE: _____

**Do Not Write
In This Column
Account Number**

Expense Description			
1. _____	\$	_____	_____
2. _____	\$	_____	_____
3. _____	\$	_____	_____
4. _____	\$	_____	_____
5. _____	\$	_____	_____
6. _____	\$	_____	_____
TOTAL =		\$	_____

PROGRAM DIRECTOR'S APPROVAL: (Please initial each amount approved.)

Signature: _____

Date: _____

Check to be made payable to: _____

Check to be mailed to: _____

PAYMENT DUE DATE: _____

.....
This is a **REIMBURSEMENT** - Receipts ATTACHED: _____

This is an **ADVANCE** - Receipts will be sent no later than: _____
.....

DO NOT WRITE BELOW THIS LINE (Treasurer's Use Only)

Date Rec'd _____ Receipts Rec'd _____ Verified _____ Budgeted _____

Authorized _____ Date Paid _____ Check # _____