

**UNITED STATES JUDO FEDERATION****REQUEST FOR PAYMENT**

(Send to your Program Director for Approval)

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

***Fiscal***  
***2024-2025***

DATE OF REQUEST: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

COMMITTEE/SUBCOMMITTEE: \_\_\_\_\_

Do Not Write  
In This Column  
Account Number

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

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

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

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

Check to be made payable to:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PAYMENT DUE DATE: \_\_\_\_\_

This is a **REIMBURSEMENT** - Receipts ATTACHED: \_\_\_\_\_***DO NOT WRITE BELOW THIS LINE (Treasurer's Use Only)***

Date Rec'd \_\_\_\_\_

Receipts Rec'd \_\_\_\_\_

Verified \_\_\_\_\_

Budgeted \_\_\_\_\_

Authorized \_\_\_\_\_

Date Paid \_\_\_\_\_

Check # \_\_\_\_\_