



CALIFORNIA STATE RETIREES

CHAPTER CHECK REQUEST

Chapter _____

Recommended by (name) _____ Date _____

President's approval _____ Date _____

Treasurer's approval _____ Date _____

Make check payable to:

NAME: _____ Date Paid _____

ADDRESS _____ Check number _____

CITY, ZIP _____ Expense _____

Quantity	Description of Purchase and Activity	Amount
TOTAL AMOUNT DUE		\$ -