



Clallam County School Retirees' Association
Lora Brabant-President
PO Box 1684, Port Angeles, WA 98362
360.670.5183 serving4ever@gmail.com

REQUEST FOR ADVANCE PAYMENT

Request is hereby made for advance payment of the following expense(s). I agree to report and share the outcome/goods with CCSRA Executive Board Members and/or CCSRA members, as appropriate. EXPENSES MUST BE APPROVED IN ADVANCE

* This Request for Advance Payment must be mailed 3 weeks in advance of event (post marked).

Name: _____ Date(s) Payment Needed: _____

Name of Event: _____ Location of Event: _____

Payment should be made to the order of: _____

Payment should be mailed to the following address: _____

Expense Requested	Cost
TOTAL COST	

All receipts must be detailed (not visa/MC charges receipts) and original receipts (please keep a copy of this form and CCSRA Reimbursement Form and receipts for your information)

APPROVAL:

Requestor's Signature _____ Date _____

Clallam County School Retirees' President Signature _____ Date _____

Clallam County School Retirees' Treasurer Signature/Date _____

Meal Rates: As Per current WA State Meal Reimbursement Rates: See

http://www.tib.wa.gov/board/documents/Per_Diem_Rates.pdf No alcoholic beverages are reimbursable.

Send by Mail: to CCSRA Treasurer, PO Box 1684, Port Angeles, WA 98362