

# Columbia Agility Team, Inc.

|   |                              |
|---|------------------------------|
| Check Number _____<br>Amount _____<br>Date _____<br>Approved By _____<br>Request Rec. _____<br>For use by Treasurer | <h2>Request for Payment</h2> |
|---|------------------------------|

Specific Event, Category or Reimbursement: ( e.g. Black CAT Trial, General Equipment Repair, etc.)

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Itemized Expenses:

1. \_\_\_\_\_ \$ \_\_\_\_\_
2. \_\_\_\_\_ \$ \_\_\_\_\_
3. \_\_\_\_\_ \$ \_\_\_\_\_
4. \_\_\_\_\_ \$ \_\_\_\_\_
5. \_\_\_\_\_ \$ \_\_\_\_\_
6. \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

MAKE CHECKS PAYABLE TO:

MAIL TO:

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Please attach supporting receipts or invoices and mail request to:

Trey Winthrop  
14073 SE 118th Dr  
Clackams, OR 97015