

**CLCA San Francisco Bay Area Chapter
Expense Form**

Name: _____ Date: _____

Committee: _____ Payable to: _____

Send to: _____

_____ Acct # _____

Expense description: _____ Amount: _____

Signature: _____ Phone: _____

Date Paid: _____ Check #: _____

This form must be submitted within 30 days of the expense with all invoices and receipts attached. Payment cannot be made without proper documentation.

Submit to: Jim Link
1019 Hampshire St., #4
San Francisco CA 94110

Phone: (415) 282-0288
Fax: (415) 282-3208
E-mail: linkinsf@sbcglobal.net

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