

**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: John Vega
1525 Chapin Ave.
Burlingame, CA 94010

Phone: 650-533-0742
Fax:
Email: johnjvega@gmail.com

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