The Northern California Chapter
of The Neuropathy Association
Hope through caring and education

PO Box 6985
Auburn, CA 95604
(877) 622-6298
www.pnhelp.org
info@pnhelp.org

Request for Payment or Reimbursement

Pay from account: _____ (NCCNA or Group Name)

Please attach a quote if this is a purchase request, an invoice if this is a pending order, or a receipt for store purchases or received orders. No attachment is required for small amounts of administrative consumables.

Date	Expenditure Description & Purpose	Amount
	TOTAL	

NOTES: _____

_____

_____

Make check payable to: _____

Address and phone number of payee (unless included on attachment or already on file):

_____

_____

Requested by (if not person approving): _____

I approve and certify that these materials and/or services have been or will be used in support of NCCNA and/or NCCNA Support Group business and mission.

Be sure to sign!

_____ _____
Approved by Signature & Title Date

_____ _____
Approved by Signature & Title Date

Second signature required for amounts over $500 for support groups and over $1000 for the board. The second signer for board items may not be the Treasurer unless the expense was previously approved by the board.

FAX completed form and attachments to (916) 258-0573 or mail to NCCNA Treasurer, PO Box 6985, Auburn, CA 95604. Completed form and scanned attachments may also be e-mailed to treasurer@pnhelp.org.

Certified by Penni L. Smith, Treasurer: _____

MAMA: ___ Paid on: _____ Check or Bill Pay Number: _____

Form Revision September 2009