



**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
NOTES: _____		<b>TOTAL</b>

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.



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 Wayne Hewlett, Treasurer: \_\_\_\_\_

MAMA: \_\_\_\_\_ Paid on: \_\_\_\_\_ Check or Bill Pay Number: \_\_\_\_\_