

SARBS CHECK REQUEST FORM

SANTA ANA RIVER BASIN SECTION - SARBS
CALIFORNIA WATER ENVIRONMENT ASSOCIATION - CWEA

DATE: _____

Requested By: _____

Amount: _____

Signature: _____

Payee: _____

Address: _____

Treasurer use only - Copies

[] CWEA Files

[] SARBS Files

[] Other _____

Purpose: _____

Please circle the expense category corresponding to this check request.

SARBS Training – TCP

SARBS/PDC Misc. Expense

Bank Charges

SARBS/PDC Lunch

SARBS/PDC Training Expense

SARBS Office Supplies

SARBS Printing

THE CLARIFIER

Other Printing

SARBS Mailing/Postage

THE CLARIFIER

Other Mailing/Postage

SARBS Board Meeting

SARBS Committee Meeting

SARBS Dinner Meeting

SARBS Lunch Meeting

(Circle month of above meeting)

January

February

March

April

May

June

July

August

September

October

November

December

SARBS Awards

SARBS Special Events

Picnic

Banquet

Baseball

Other

SARBS Miscellaneous Expense

Bank Charges

Gifts

Donations (Scholar. Fund)

Membership Reimbursement

SARBS Training

Other

Please keep the following in mind when submitting an expense for reimbursement:

- All requests must be accompanied by a receipt if the check is payable to the requester.
- All requests must be for valid SARBS business.
- Whenever possible a check should be requested in advance. A bill or quotation must be attached to the request. The check will then be made payable to the vendor. A paid receipt should then be submitted.
- For meals, state the business purpose in attending the meal and list those present in the group on the back of this form or an attached sheet.
- Please allow a minimum of two weeks for processing and mailing.

DATE PAID: _____

CHECK NUMBER: _____

APPROVALS

SIGNATURE: _____

SIGNATURE: _____

PRINT NAME: _____

PRINT NAME: Berlinda McCadney
Phone: 951-351-6011
FAX: 951-351-6267

POSITION: _____

POSITION: SARBS Treasurer