

CIT ACCOUNTS PAYABLE FORM

Pay to the Order of _____
Address _____
City, State, Zip _____

BREAKDOWN OF EXPENSES:

<u>Amount</u>	<u>Description</u>
_____	_____
_____	_____
_____	_____
_____	_____
=====	TOTAL

For CIT Use Only

Check Date _____ Number _____ Amount _____

Treasurer: _____ Date _____

President/VP: _____ Date _____

Please contact the treasurer for submission instructions:
Cindy Farnham
farnhams@pacbell.net
916-486-8377