

Tehachapi Crosswinds
785 Tucker Rd STE G PMB 567
Tehachapi, CA 93561

Request for Payment

Date submitted: _____

Issue check to: _____

In the amount of: \$ _____

Purpose of payment: _____

Please send check to: _____

Name: _____

Address: _____

Requested by: _____

**Amounts less than \$50.00 require Presidents approval only.
All receipts/invoices must be attached.**

Approval by: _____
President

Approval by: _____
Vice President

Approval by: _____
Secretary

Approval by: _____
Treasurer

Approval by: _____
Safety Coordinator

For Treasurer's use:

Check # : _____

Amount: \$ _____

Date: _____