

DATE OF CLAIM

**BAHASTL'AH CHAPTER
FINANCIAL SERVICES DEPARTMENT
GENERAL CLAIM FORM**

CONTROLLER USE ONLY	
VENDOR #	TIME/DATE REC'D

Name of Claimant (printed)	Social Security #	Mailing Address	City	State	Zip Code

CHAPTER OFFICERS ONLY – CHECK ONE OF THE FOLLOWING:

LOCAL CHAPTER MEETING
 DISTRICT MEETING
 AGENCY MEETING

ALL OTHERS – CHECK ONE OF THE FOLLOWING:

SENIOR CITIZEN COMMITTEE
 VETERANS ORGANIZATION
 OTHER _____
 COMMUNITY LAND USE PLANNING COMMITTEE

DESCRIPTION OF MEETING(S)

LOCATION OF MEETING(S)	DATE(S)	PURPOSE OF MEETING OR ITEMS DISCUSSED USE BACK IF NECESSARY	TRAVEL INVOLVED			TOTAL MILES
			FROM	TO	TO	
1.						
2.						
3.						

AMOUNT OF CLAIM	CONTROLLER'S USE ONLY			I certify that this claim is true and just to the best of my knowledge and that the amounts claimed are due to me and have not been previously paid. If approved, I request that the check be ready by (time) _____ on (date) _____. I request that the check be (check one): <input type="checkbox"/> Mailed to me at the above address; <input type="checkbox"/> Picked up by myself; <input type="checkbox"/> Picked up by person other than myself (name): _____
___ DAYS @ \$ ___ PER DIEM \$ _____ ___ DAYS @ \$ ___ PER DIEM \$ _____ ___ MILES @ \$ ___ PER MILE \$ _____ OTHER EXPENSES (ATTACH RECEIPTS) \$ _____ ADVANCE REQUESTED \$ _____ LESS DEDUCTIONS _____ (_____)	ACCOUNT NUMBER	FUND AVAILABLE BY	DATE	
TOTAL: \$ _____	_____	_____	_____	

CLAIM APPROVED BY: Chapter President, Chairperson, etc.		Community Services Coordinator		CURRENT ADVANCE AVAILABLE	ADVANCE RECORDED PAYROLL	
SIGNATURE	DATE	SIGNATURE	DATE		BY	DATE