



Pacific Coast Artists
Affiliated Chapter with the Society of Decorative Painters

Reimbursement Request

Today's Date _____

Need By _____

Purpose of Expense: _____

Payable To: _____

Itemized Expenses (Receipts <u>must</u> be attached)	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total:	_____

Check Requested By: _____

TREASURER USE ONLY	
Date Received _____	
Paid On: _____	
Check #: _____	

Mail to: Onya Tolmasoff
27082 Paseo Activo
San Juan Capistrano, CA 92675