SAN RAMON VALLEY
GENEALOGICAL SOCIETY

REQUEST FOR REIMBURSEMENT OF FUNDS

Check to be made payable to: _____

Payment to be sent to: _____

_____

_____

Date	**Budget Category** (newsletter, program, office, etc.)	**Item**	**Amount**

For reimbursement, please attach receipts for all items. **Total:_____**

Until December 1, 2008, send this form and attached receipts to:
Ileen Peterson, 4513 Cougar Circle, Fremont, CA 94539-6023
Ph: 510-651-7728, fax 510-740-3480, ileenpeterson@comcast.net

Starting January 1, 2009, send this form and attached receipts to:
Gail Roche Van Wye, 15 Stanton Court, Orinda, CA 94563-1622
Ph: 925-253-1096, Fax gailrvw@aol.com

Paid by check number: _____ Date: _____

Version: A; October 2008