

Request for Payment

By the Treasurer of the
OKLAHOMA SPEECH-LANGUAGE-HEARING ASSOCIATION
 (This form must be completed to ensure payment)

Date	Budget Account	Item/Service	Amt. Each	Amt. Total
Grand Total =				

(Mileage is reimbursed @ the current going rate.)

Please send payment to the following individual requesting reimbursement:

Name: _____

Address: _____

City/State/Zip: _____

Telephone: (Wk) _____ (Hm) _____

All requests must have the appropriate signature of an OSHA officer, an OSHA committee chair or the OSHA executive secretary. Please attach all receipts.

 Signature of officer / comm. chair / secty.

 Date Submitted

 Office / Committee