CRA PAYMENT REQUEST

To:	CRA Treasur	er OPEN BOX	Date	
From	:			Apt. #
Com	mittee:			
Make	e check payable	e to:		
	Address:			
If pay	able to a Resid	dent, Apt #		
Date	e of Expense	Item and Explanation		Amount
		Total payment requested		
Includ Name Pleas	de explanations ve only one payee se allow seven da			
_				Chair or designee)
Revised	d 6/22/2023 (01)		OK for payment: Check no.:	