

Central California Council of Teachers of English Request for Payment

Date:

Please issue a check to:

Name:	
Address:	
City/Zip:	

For the following amount:

Acct#		Amount	
Acct#		Amount	
Acct#		Amount	
travel is \$0.20/mile		TOTAL:	

Explanation: _____ (cont. on back)

Signed: _____

Position: _____

Note: Please enclose all receipts:

Kathy Nichols
CCCTE Treasurer
38662 Dow Court
Fremont, CA 94536

treasurer's use only	
Acct#	
Acct#	
date paid	
check #	

account numbers for reference:

101 Asilomar Expenses	110 NCTE
102 Board Office Expenses	111 Newsletter
103 Board Meeting Host	113 President's Discretionary
105 Board Meeting Travel	114 SLATE
106 CATE Convention Expenses	116 Web Site
108 Election Expenses	117 Writing contest
109 CATE Membership Expenses	118 CCCTE Local Council Awards