

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:

Matthew Weeks
CCCTE Treasurer
256 W. Richert Av.
Clovis, CA 93612

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

account numbers for reference:

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