

# PLEASANTON ART LEAGUE



Check or Reimbursement Request - Remittance Advice Form

- Remittance Advice (report of income sales)
- Reimbursement Request (or) Check Request

Return to: PAL  
PO Box 23  
Pleasanton, CA 94566

	AMOUNT	DESCRIPTION	TRANSACTION or EVENT
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

**TOTAL AMOUNT:** \_\_\_\_\_

Submitted by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phones: \_\_\_\_\_

Date: \_\_\_\_\_

Send original form along with checks / receipts, to PAL Treasurer. Keep copy for your records. Submit in a timely manner. So not hold checks! Complete a separate form for each event.

***Treasurer Only:***

Date	Deposit / Check No.	Amount	Category