

PCA SVR Treasury Submittal Form



Step 1. Complete submitter and event information

Submitter and Event Information	
Name	Event/Activity Name
Address	Event/Activity Date
City, State, ZIP	Phone

Step 2. Indicate type of transmittal and determine required documentation

Select (place an X)	Purpose	Boxes To Be Completed:				
		Box 1	Box 2	Box 3	Box 4	Bill/Rcpt
	Reimbursement Request	•	•	•	•	•
	Need to deposit Checks/Cash	•			•	
	Need to have a bill paid	•	•	•	•	•
	Check Request	•	•	•	•	•
	Notification of Debit Card usage	•			•	•

Step 3. Provide required information

Required Documentation	
Box 1 – Amount spent, enclosed or requested.	Box 3 – Indicate recipient's mailing address. Leave blank if it should be mailed to submitter.
Box 2 – Indicate to whom the check should be made payable.	
Box 4 – Describe request, transaction or enclosures. (e.g.: receipt for table rental, bill to be paid, 6 checks, etc.)	

Step 4. Send forms and receipts to Treasurer (One form per person per event)

Mail	Fax	Email
SVR Treasurer 125 Darrington Dr Folsom, CA 95630	n/a	treasurer@svr-pca.org

Date Submitted

Signature