Office Use Only: *Invoice #_____* *Date Received_____*

Connecticut Academy of Nutrition and Dietetics, Inc.
Payment Request Form *(please complete the following)*

Date: _____

Requested By: _____

Make Check Payable To: _____

Address: _____

_____

Telephone: _____ *Circle: Cell or Home*

Please List Amount Requested By The Appropriate Category:
Please attach supportive data such as bills, receipts, statements, etc.

Supplies: _____

Postage & Shipping: _____

Printing and Publications: _____

Conferences, Conventions, Meetings: _____

Travel: _____

Telephone Calls: _____

Other: _____

Total Amount Requested: _____

Office or Committee Being Charged: _____

Purpose: _____

Within Budget: Yes No

Please attach receipts and either :

1. Scan and email to corinneslarson@yahoo.com
2. Mail to the CT Academy Treasurer:
   Corinne Zavaglia
   20 Taunton St.
   Southington, CT 06489