



CAC EXPENSE REQUEST FORM

Submit this form with receipts to: Michael Parigian VSO Crime Lab, L #3500 800 South Victoria Avenue Ventura, CA 93009	Indicate Address for Check Return:
Payment Total:	Check Payable to:
Committee/Office:	Person Submitting Form / Making Request:
Date of Submission:	Submitter's Phone number:

EXPENSE CATEGORY	DESCRIPTION / DATE	AMOUNT
Awards		
Bank & Other Fees		
Consultations/Service		
Journal		
Meetings – Northern Section		
Meetings – Southern Section		
Postage		
Printing		
Refunds		
Travel – Airfare		
Travel – Parking		
Travel – Lodging		
Newsletter		
Misc:		
Other:		
Total		\$

BoD Approval:	Check Issued By / Date:	Check Release Date:	Entered Into Quicken Yes No
Check #:	Financial Review By / Date:		