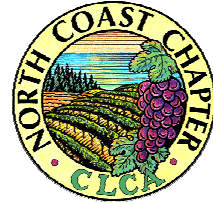


**CLCA**

North Coast Chapter  
P.O. Box 1621  
Sebastopol, CA 95473



## *Invoice for Reimbursement*

P.O. Box 1621 • Sebastopol, CA 95473 • Phone/Fax (707) 829-5487



**Please fill out and e-mail to Lisa Stratton @ [lisa.stratton@cagwin.com](mailto:lisa.stratton@cagwin.com)  
at least one week before the Board meeting (first Tuesday of every month).**

Date:

Name:

Expense Amount \$:

Expense Description:

Check Payable to:

Bring any receipts that pertain to this expense with you to the board meeting!



**THANK YOU!**