

FORM 20
(10/64)

CONGRESS OF RACIAL EQUALITY

Financial Authorization and Requisition

Date _____

Amount _____

Date Needed _____

Payee _____

Address _____

(To be filled in where request is not accompanied by invoice
or check is not to be picked up in office)

Purpose: _____

CHARGE:			AMOUNT
			\$
7100	Member. & Finance - Mtce. -----		-----
7200	Member. & Finance - Recruit. -----		-----
7300	Public Int. and Education -----		-----
7400	Administration -----		-----
7500	Chapter Devel. -----		-----
7600	Holiday Cards -----		-----
77	Special Fund Raising # -----		-----
8100	Program -----		-----
82	List Conferences, etc.* -----		-----
84	Publications* -----		-----
85	Projects * -----		-----
Other	-----		-----

* Specify one to be indicated _____

Requested by: _____
Department

Signature _____

Approved by: _____

Check # _____
Date _____
Approved by _____