The Golden State Gay Rodeo Association

Check Request

DATE: _____ **TELEPHONE:** _____

REQUESTED BY: _____ **COMMITTEE:** _____

VENDOR NAME: _____

VENDOR ADDRESS:
Street: _____

City: _____ **State:** __ **Zip:** _____

Mail Directly To Vendor (Check One): YES ☐ NO ☐
If NO, Give Instructions:

_____

Description Of Purchase	Committee	Amount
	Total Requested:	

Committee Chair Signature: _____

Mail To:

GSGRA
P.O. Box 3262
Palm Springs, CA 92263