

**S.D.A.A.  
PO BOX 23215  
SAN DIEGO, CA 92193**

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**SDAA PAYMENT REQUISITION FORM**

**Advance . . . . .**

**Reimbursement . . . .**

**Total amount:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Explanation:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

(Please include original invoices with request for reimbursement)