Chi Epsilon Sigma Payment Request Form

STEP 1  Pre-Approval
CES member must obtain pre-approval from the CES president via e-mail prior to purchasing items. Include est. amount, name of the supplier and business purpose. Please attach the CES President’s email purchase approval to this form.
(For president needs VP approval)

STEP 2  Payment Request
Fill out details below and mail to the CES President (exception the memorial fund)

CES member _______________________________ Date ___________________

Phone number _______________ Fax number _______________ Email _______________

Actual Amt (attach original receipts) $ __________ Business Purpose _______________________________

Check one

_____ Checking Account: (indicate which category to charge this expense)

_____ Supplies/General  _____ Secret Friend  _____ New Member Recognition

_____ Postage  _____ Years of Service/AWARDS  _____ Contests Awards/Plaques

_____ Profession Development Award  _____ Donations (ex. Cancer foundation)

_____ Miscellaneous (Needs Explanation of Item) _________________________________

Check payable to: ____________________________________________________________

Mail check to address: _______________________________________________________

_____ Chi Epsilon Sigma Development Fund: (55013  309154) Memorial Fund

In honor of _______________________________________________________________

Relationship ______________________ to CES Member _______________________

Send all memorial fund requests to the Secretary/Treasurer

_____ CES Support Staff Association: (55013  061003) general unrestricted fund

_____ Annual Meeting  _____ Travel  _____ Fundraiser  _____ Scholarship

_____ Support Staff Excellence Award

Approval Signature

President approval signature ___________________________________ Date _______________

In consultation with CES treasurer to assure sufficient funds are available.

**If president is requesting an expense payment, the vice-president is the approver.

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For Treasurer’s Records Only

Treasurer: Check# _______________ Date paid: _______________ Amount Paid $ __________

Org# _______________ Fund# _______________ Account# _______________

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