

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:** (55011 309154) *Memorial Fund*

In honor of _____

Relationship _____ to CES Member _____

Send all memorial fund requests to the Secretary/Treasurer

_____ **CES Support Staff Association:** (55011 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.

For Treasurer's Records Only

Treasurer: Check# _____ Date paid: _____ Amount Paid \$ _____
Org# _____ Fund# _____ Account# _____