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# _______________