

# Payment / Reimbursement Request Form

## Metropolitan New York Chapter, CSI

Submit this form with all deposits and requests for payment or reimbursement to the Treasurer to insure crediting to the proper budget account. No checks will be issued by the Treasurer without proper authorization via this form. Attach original or scanned invoices for payments and expense receipts. Mail to: **Tom Scriven, 1088 Midwood Drive Rahway, NJ 07065** or e-mail to: **tom@empiresalesgroup.net**

This is a:  DEPOSIT  Request for PAYMENT  Request for REIMBURSEMENT

Request Date: \_\_\_\_\_, 2015

**DEPOSIT ITEMS:** AMOUNT \$ \_\_\_\_\_

- Membership Dues
- Trade Show
- Dinner Fees: Holiday Party / Awards Dinner / Program Dinner
- Attendance Fees: Non-dinner programs
- Sponsorships: Tabletops, program sponsor
- Addendum / Electronic Advertising
- Seminar/Education Fees
- Golf Outing
- Other

**EXPENSE ITEMS:** AMOUNT \$ \_\_\_\_\_

- Addendum
- Trade Show
- Administration Board Meeting
- Awards
- House: Room / Food / Hospitality
- Programs
- Region/National Conference
- Golf Outing
- Frybergh Scholarships
- Education
- Region Assessment
- Accounting
- Certification
- Finance
- Planning
- Electronic Communications
- Environment
- Academic
- Membership
- Other \*

Make Check Payable To:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Authorization \* \_\_\_\_\_

*These are budgeted items; no authorization required*

Requestor's Name: \_\_\_\_\_ CSI Position: \_\_\_\_\_

\* Obtain authorization from the Committee Chair or an Executive Committee member responsible for each budget line item affected. Items which have not been included in a budget line item can only be paid by authorization of the Board of Directors.

### FOR TREASURER'S USE ONLY

Date Paid: \_\_\_\_\_ Check No. \_\_\_\_\_