Treasurer Use Only

Invoice#:\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_ Pd Ck#:\_\_\_\_\_\_\_\_

Amount:\_\_\_\_\_\_\_ Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requester Fill out this section

AUDIT RESULT: OK NOT OK

Initial/date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Issues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Requester / Submitted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expenditure Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Budget Line Item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount: \_\_\_\_\_\_\_\_\_\_

Make Check Payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form Instructions:**

**Date:** Date of Area Service

**Requester/Submitted By**: Put subcommittee name, group, or person’s name. They must be authorized to charge the budget line item (Chair, Vice-Chair, or authorized representative.

**Budget Line Item**: Current budget line-item code (i.e. AD004)

**Amount**: Amount requested

**Make Check Payable to**: Who’s name/company/business name do you want written on the check

THIS FORM MUST BE ACCOMPANIED BY A RECEI PT/INVOICE OF THE EXACT AMOUNT REQUESTED