|  |  |  |  |
| --- | --- | --- | --- |
| **Instructions:** | Complete this form for EACH transaction:* Fill appropriate sections
* Attach receipts for all requests for payments
 | **Mail:****OR****email to:** | Indianapolis ASQ TreasurerPO Box 441709Indianapolis, IN 46244-1709treasurer@indyasq.org |
| SECTION I-A Request for Payment |
| **Amount Requested:** | **$**       | **Reason for Expenditure** | **[ ]  Activity [ ]  Committee [ ]  Other****[ ]  Items/Supplies [ ]  Meals****[ ]  Instructor Fees\* [ ]  Scholarship****Date/Detail**       |
| *\*Instructor reimbursement requires the following for payment* |
| **Instructor Name** |       | **Class Dates** |       /       /       /        |
| **Pay Rate/Hr** |       | **Class Name** |       |
| **Emergency Contact Numbers** | (     )     -     (     )     -      | **Social Security Number:**     -     -     ***Required for 1099 reporting if payment exceeds $600 in fiscal year.*** |
| **Education Chair Signature:** |  | **Date:** |       |
| SECTION I-B Make Check Payable To |
| **Name/Address** |                      | **Special Delivery Request:**       |
| SECTION II Notification of Funds Received |
| **Amount Received:** | **$**       | **Received From:** | **[ ]  Activity [ ]  Other****[ ]  Course Tuition [ ]  Dinner Fees****Date/Detail**       |
| SECTION III Signature of Person Making Request |
| **Payment Requested OR Received From:** |       | **Date:** |       |
| SECTION IV For Treasurer Use ONLY |
| **Memo:** |  | **Category** |  |
| **Deposit or Check #:** |  | **Bank Account#:** |  |
| **Treasurer Signature:** |  | **Date:** |  |