|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Instructions:** | Complete this form for EACH transaction:   * Fill appropriate sections * Attach receipts for all requests for payments | | | | | | **Mail:**  **OR**  **email to:** | | Indianapolis ASQ Treasurer PO Box 441709 Indianapolis, IN 46244-1709  treasurer@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:** |  |