MPI SACRAMENTO/ SIERRA NEVADA CHAPTER

CHECK REQUEST / PAYMENT AUTHORIZATION FORM

Please complete and sign this form to authorize a check to be cut, and indicate budget line item(s) from which funds are to be taken. Scan and email to lynette@mpissn.org. Allow up to two weeks for processing, signature and mail. An OOP, or VP's signature is required to authorize a check.

You may only request funds that have been allocated in the annual Board of Directors approved budget. Supporting documentation (i.e. invoice, receipts, etc.) MUST be attached.

PLEASE PRINT MPISSN incurs fees for any returned or undeliverable checks. Please confirm accuracy.

Check Payable To: _____

Payee Address: _____

Payee Phone: _____ Payee Fax: _____

Payee Email: _____

W9 Form (required for all vendors who provide a service) ___ Attached ____ On File _____ N/A

Total Check / payment amount: $_____

*****Memo description: _____

_____

*****Text in memo field will be posted on the check and noted in description area on financial reports MPI Form

BUDGET AND APPROVAL

Category: _____ Budget Line Item #: _____Amt: $ _____ VP Signature _____

Category: _____ Budget Line Item #: _____Amt: $ _____ VP Signature _____

Category: _____ Budget Line Item #: _____Amt: $ _____ VP Signature _____

Is this expense within budget? If not, please explain and note board pre-approval date.

_____

PROCESS CHECK AS FOLLOWS

____ Mail to Payee Address ____ Hold Check For Pick Up ____ Bring To Meeting on _____

Request submitted by:_____

Phone Number: _____ Email :_____

Committee Name: _____ Chair Name: _____

Date form sent to MPI/SSN Staff: _____ Date Check Needed: _____

Date Check Prepared: _____ MPI/SSN Check # Issued: _____