



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 exec@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 _____

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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: _____