



Chicagoland West Suburban Chapter  
 SPEBSQSA, Inc.  
 Payment Request

Complete this form and attach all receipts, invoices and other documentation supporting this request. If your request includes multiple expenditures, include a summary of charges.

**Important:** Chapter expenditures require the approval of the chapter officer with budgetary responsibility for the expenditure of the expense. Obtain written approval from the appropriate chapter officer before submitting to the chapter treasurer for processing.

Payee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address if check is to be mailed:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of person request check if different from payee:

\_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_.

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Give check to person requesting check

Mail check to payee

Other instructions: \_\_\_\_\_

<p><b>Review &amp; Approval: (Mandatory)</b></p> <p>Budget category to be charged:</p> <p>_____</p> <p>Brief description: (for memo line – 30 characters max)</p> <p>_____</p> <p>(Signed) _____</p> <p>Responsible Chapter Officer</p>	<p>Treasurer's Notes:</p> <p>Date Paid:</p> <p>_____</p> <p>Check #:</p> <p>_____</p>
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