



PAYMENT AUTHORIZATION FORM

Please select one of the following options:

- ☐ Requesting authorization to place an order for an item or service
- ☐ Requesting a check for third party payee (to be mailed or picked up)
- ☐ Requesting reimbursement for an authorized expense that was paid for out-of-pocket

Requestor Information:

Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

Payee Information (if different than Requestor):

Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

DESCRIPTION (attach all relevant receipts)	Budget Account Name or Acct No. (See Instr)	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL		_____

Please select one of the following options:

- ☐ Authorization only - Do not prepare a check
- ☐ Prepare check and mail to payee
- ☐ Prepare check for pickup by ☐ Requestor or ☐ Payee.

Requestor signature: _____ Date: _____

Authorization approved by: _____

Date: _____

(If applicable) Check picked up in person by: _____

Date: _____

Form Date January 2022

1. Check the appropriate box at top of Form.
2. Fill out the Requestor information.
3. If the Requestor is not also the Payee, fill out the Payee Information.
4. Put the description of the item(s) for which payment or authorization is being requested where indicated.
5. Put the name of the account for which the request is being made.
The budget names are as follows:
National Dues/Contributions to National
Other Membership Expenses (Specify: for example nametags, recruiting)
Luncheon expenses – non routine such as speaker fees
Accounting, Legal, Insurance
Licenses, fees and dues (example Chamber of Commerce Dues)
Postage and Supplies
Website expense
Other Administrative Expense (Specify)
Expenses associated with Fundraisers (Specify the fundraiser and the nature of the expense)
Public Policy Advocacy
Philanthropy
Leadership Training
ESmart/STEM Program
Scholarship Program
Mentoring
6. Attach receipts or bids as appropriate.
7. Check the appropriate box underneath the Description section.
8. Sign and Date the Form and get approvals as follows: One Executive Committee member or two signatures of Board members. Or, in the event that a member of the Executive Committee is requesting payment, approval by another member of the Executive Committee or two Board members is required. Scanning and emailing documents are acceptable. Final email with scanned document(s) should be sent to Finance for processing. Additional signatures or Board meeting approval for large expenditures that are not included in the Budget may be required.
9. Payments will normally be processed within 15-20 days, and Finance will mail the check unless you have indicated you will pick up the check.
10. Person picking up check in person will sign where indicated on the bottom of the Form when picking up the check.