

**The Institute of Electrical and Electronics Engineers, Inc.**  
**Check Requisition Form**

(This form must accompany ALL requests for payment)

Please attach all receipts specific to this request and mail the completed form to:

**IEEE Columbus Section Treasurer**  
**ATTN: Jack Freund**  
**7985 Champaign Drive**  
**Blacklick, OH 43004**

**614-582-1873**  
**treasurer@ieeecolumbus.org**

Incomplete forms, including forms without receipts, will be returned to the originator.

**Amount:** \_\_\_\_\_ **Society or Organization:** \_\_\_\_\_ (e.g. PES, IAS, JCC)

**Purpose of Expenditure:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Speaker dinners: Include date, name and title of all who participate in the meal.

Meeting expenses: Include date of meeting, and detail of each expense. (e.g. refreshments, printing).

Publications: Refer to date of publication or newsletter and detail of each expense (e.g. mailing, labels, printing, etc.).

Unusual Expenses: Refer to the Executive Committees approval of the expenditure.

**Make Check Payable To:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

Phone # Home: \_\_\_\_\_ Phone # Work \_\_\_\_\_

Treasurer Use Only:

Approved By: \_\_\_\_\_ Check # \_\_\_\_\_ Category: \_\_\_\_\_

Audit: \_\_\_\_\_ Date: \_\_\_\_\_