SOUTHEAST TEXAS SUZUKI ASSOCIATION

CHECK REQUEST FORM

☐ Expense Reimbursement. *Attach original receipts for all expenses*

☐ Payment to an individual for services (fees for clinicians, accompanists, etc.). *Attach contract and W-9 form.*

EXPENSES WILL NOT BE REIMBURSED WITHOUT ALL REQUIRED DOCUMENTS.
Please submit all expenses within two weeks of the event.

Date: _____ Submitted by: _____

Committee/Workshop/Event: _____ Chairman's name:_____

Make check payable to:

Name: _____

Address: _____Email:_____

City: _____ State: _____ Zip: _____ Phone: _____

Item	Amount
TOTAL:	

Submit one copy to: the Committee/Event/Workshop Chairman
Submit one copy to the current STXSA Treasurer

For treasurer's use only:
Date check issued _____ Check number _____ Amount _____

V09282018