



SOUTHEAST TEXAS SUZUKI ASSOCIATION

CHECK REQUEST FORM



- Expense Reimbursement. Attach original receipts for all expenses
Expense paid with STXSA debit card. Attach original receipts for all expenses
Payment to an individual or business for services Attach contract and W-9 form. (fees for clinicians, accompanists, etc.)

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

Date: Submitted by:

Check here if General Expense (not part of an event)

Event: Team Leader: Phone:

Team Members:

Make check payable to:

Name:

Address: Email:

City: State: Zip: Phone:

Payment method: Zelle PayPal Other: Online Payment ID: Mail check Give check to team leader

Please submit all expenses within two weeks of the event
Submit one copy to the Event Team Leader
Submit one copy and all checks and cash to the STXSA Treasurer
Upload one copy to the event folder in the STXSA Google Drive

Table with 2 columns: Item and Purpose, Amount. Includes a TOTAL row at the bottom.

For treasurer's use only:
Date check issued Check number Amount
Date debited from bank account Type of payment