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: treasurer@stxsa.org
Upload one copy to the event folder in the STXSA Google Drive

Item and Purpose	Amount
TOTAL:	

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

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