

# American Society for Clinical Laboratory Science - PA

Requisition for Funds

Treasurer Use Only

Return to: Nassouh Mourabet or Sharon Strauss  
 ASCLS-PA Treasurer ASCLS-PA President  
 44 Yale Drive 8 Lakeview Court  
 Richboro, PA 18954 Sinking Spring, PA 19608

Date R'ced \_\_\_\_\_  
 Computer Date \_\_\_\_\_  
 Check # \_\_\_\_\_

**ALL REQUESTS REQUIRE RECEIPTS AND/OR INVOICE**

**Advance Payment:** Do not use this section if you have a bill or invoice. Receipts must be forwarded to the Treasurer as soon as possible.

**Program, Function, or Committee** \_\_\_\_\_

Date	Description	Amount Requested	Account #

**Reimbursement:** Reimbursement form must include the bill/invoice or all receipts. The Chairman of each committee must sign the reimbursement form. Forms must be signed by either the PSCLS President or the PSCLS Finance Chair prior to being submitted to the PSCLS Treasurer for reimbursement. Use this section also to submit receipts to account for and reconcile monies given previously in an advance payment.

**Program, Function, or Committee** \_\_\_\_\_

Date	Description	Total	Receipt?	Account #

Total: \_\_\_\_\_  
 Less Advance: \_\_\_\_\_  
 Net Payment: \_\_\_\_\_

**Make Check Payable to:**

**Authorized Signatures:**

Printed Name: \_\_\_\_\_  
 Send to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

ASCLS-PA President or Finance Chair:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Chair: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Treasurer: \_\_\_\_\_  
 Date: \_\_\_\_\_