**American Society for Clinical Laboratory Science-PA**

Requisition for Funds

Return to: William Hunt or Travis Bicher Date Received \_\_\_\_\_\_

ASCLS-PA Treasurer ASCLS-PA President Computer Date \_\_\_\_\_\_

134 Lansdowne Court 793 Montclair Drive, #12 Check # \_\_\_\_\_\_

Lansdowne, PA 19050 Claymont, DE 19703

[Bhunt134@gmail.com](mailto:Bhunt134@gmail.com) [travisbicher@gmail.com](mailto:travisbicher@gmail.com)

**Advance Payment**: **ALL REQUESTS REQUIRE RECEIPTS AND/OR INVOICE**

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 ASCLS-PA President or the ASCLS-PA Finance Chair prior to being submitted to the ASCLS-PA 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** |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |

**Total: \_\_\_\_\_\_\_\_\_**

**Less Advanced \_\_\_\_\_\_\_\_\_**

**Net Payment: \_\_\_\_\_\_\_\_\_\_**

**Make Checks Payable to:**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorized Signatures:**

**Send To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ASCLS-PA President or Finance Chair**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_**

**Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Committee Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Treasurer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_**