

National Association of Insurance and Financial Advisors Oregon

# CHECK REQUEST/APPROVAL

All checks must be signed by registered signers for the National Association of Insurance and Financial Advisors Oregon (NAIFA Oregon) (normally the Secretary-Treasurer and/or the President). Use this form to provide information for bookkeeping purposes. Requests for reimbursement must be submitted within 30 days following the date an expense was incurred. Please include an invoice or receipt and be sure to provide **REASON FOR PAYMENT** and a mailing **ADDRESS** in the spaces provided below.

DATE: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

ISSUE TO:(mailing address required)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AMOUNT of CHECK: \_\_\_\_\_

DATE REQUIRED: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**FOR BOOKKEEPING PURPOSES**

ACCOUNT NO./DEPT. _____	Amount: \$ _____
ACCOUNT NO./DEPT. _____	Amount: \$ _____
ACCOUNT NO./DEPT. _____	Amount: \$ _____
ACCOUNT NO./DEPT. _____	Amount: \$ _____
ACCOUNT NO./DEPT. _____	Amount: \$ _____
ACCOUNT NO./DEPT. _____	Amount: \$ _____
ACCOUNT NO./DEPT. _____	Amount: \$ _____

**TOTAL: \$ \_\_\_\_\_**

APPROVED BY:  
(One signature required)

\_\_\_\_\_  
NAIFA President

\_\_\_\_\_  
NAIFA President-Elect

\_\_\_\_\_  
NAIFA Secretary-Treasurer

**Fax back to: 503-585-8547**

Include original invoice and/or receipts with this form