

**North Carolina Association of Occupational Health Nurses  
Association**

**Request for Payment or Reimbursement Form**

**Please complete all of the fields below to issue your request. If you are submitting expenses for travel. The Travel Expense Voucher Form must be used**

**Name of person issuing request:** \_\_\_\_\_

**Office and/or Committee Represented:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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

\_\_\_\_\_

**Date of request:** \_\_\_\_\_

**Reason for Request: Request direct Payment to vendor** \_\_\_\_\_

**(check one) Honorarium** \_\_\_\_\_

**Reimbursement for supplies** \_\_\_\_\_

**Reimbursement for postage** \_\_\_\_\_

**Reimbursement for printing** \_\_\_\_\_

**Request for monetary award or gift** \_\_\_\_\_

**Other** \_\_\_\_\_

**(Explanation** \_\_\_\_\_ **)**

**This expense is in direct support of: Spring Conference** \_\_\_\_\_

**Spring Board Meeting** \_\_\_\_\_

**Safety Meeting** \_\_\_\_\_

**Summer Board Meeting** \_\_\_\_\_

**Fall Conference** \_\_\_\_\_

**Fall Board Meeting \_\_\_\_\_**

**General Operations \_\_\_\_\_**

**Awards and Gifts \_\_\_\_\_**

**Amount of request: \_\_\_\_\_**

**Send check payable to: \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

**I assert that the above information is a true statement of request and have supplied the necessary bill and or receipts of support. \_\_\_\_\_**

**Signature and Date**

**For Treasurer's Use Only:**

**Request reviewed on \_\_\_\_\_**

**Chart of Account number assigned \_\_\_\_\_**

**Paid by check number# \_\_\_\_\_**

**Check mailed on \_\_\_\_\_**

**Treasurer's Signature \_\_\_\_\_**