



NOBLE NEW YORK CHAPTER - REGION ONE
PO BOX 23894
BROOKLYN, NEW YORK 11202-3894

ALL CHAPTER EXPENDITURES MUST BE AUTHORIZED
REQUEST FOR EXPENDITURE ~ PAYMENT / REIMBURSEMENT

EMAIL THIS COMPLETED FORM TO - PAYMENTS@NOBLENEWYORK.ORG

DATE: _____ AMOUNT: \$ _____

AMOUNT IN WORDS: _____

PURPOSE: _____

REQUESTOR'S NAME: _____

Signature of person requesting payment: _____

NOTE: Original documents indicating proof of service rendered or product(s) purchased must be submitted along with this request for reimbursement.

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Authorized by Chapter Budget Voted by Chapter Executive Board

REVIEWED BY TWO BOARD MEMBERS NOT AFFILIATED WITH THE TRANSACTION:

BOARD MEMBER #1 _____ BOARD MEMBER #2 _____

.....
CHECK SIGNED BY TREASURER: __ DATE: _____ CHECK SIGNED BY PRESIDENT __ DATE: _____

CHECK #: SPECIAL FUNDS ACCOUNT #0012 GENERAL FUNDS ACCOUNT #0020

BUDGET LINE NO.: _____ REMINDING BALANCE OF BUDGET ALLOCATED: _____

DATE ISSUED: _____ DATE POSTED IN BANK: _____

NOBLE NATIONAL Standards for Fiscal Affairs

“11.3. (B) Bank Account - All checks require the signature of two members of the region or chapter. At the regional level, signatures must be that of the Regional Vice President and Regional Treasurer.”

“ALL NOBLE NEW YORK CHAPTER CHECKS ARE TO BE CO-SIGNED BY THE TREASURER AND THE PRESIDENT.”