

Group:

Chapter:

Unit Name:

Unit #:

Transaction Type (Please select only one. A separate form is required for different transactions.)

Expense

Deposit

Advance Clearing

Advance

Transfer

Payee: _____

Amount Spent: _____

Check #: _____

Amount Returned: _____

Amount of Advance: _____

Amount Due: _____

Date	Description	Taxable Y/N	Amount	Account Code	State	Project ID	Internal Use

Total:

Payee Information		Approvals	
Payee:		Submitted By:	
Mail To:		Phone Number:	
Address:		Email:	
City State Zip:		Submitted Date:	
Phone:		Approved By:	
FOR PAC USE ONLY		Title:	
Bank Account:		Signature:	
PAC Initial:		Phone Number:	
Date:		Email:	
Approval Initial:		Approved Date:	
Approval Date:		Treasurer Initial:	