



Credit Card Charge Request & Authorization Form

Date Submitted _____ Your Name _____

Location _____

DATE NEEDED BY _____

The credit card charge will be from the following vendor:

(fill in completely)

Full Name _____

Address _____

Address2 _____

City, State, Zip _____

Telephone # _____

Business Purpose (Required)

Description of item being purchased (Required)

Amount to be charged

\$ _____ Account # _____

Authorized By

(REQUIRED)

*Attach backup information (such as the invoice / informational paperwork) to this request



Check Request & Authorization Form

Date Submitted _____

Your Name _____

Office _____

DATE CHECK NEEDED _____

PLEASE DO THE FOLLOWING WITH THE CHECK:

Return check back to me with paperwork

Mail check out with paperwork attached

Other: (please explain)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Please make a check made payable to:

(fill in completely)

Full Name _____

Address _____

Address2 _____

City, State, Zip _____

Telephone # _____

Business Purpose (Required)

Amount Requested

\$ _____

Account # _____

Authorized By

(REQUIRED) _____

*Attach backup information (such as the invoice / informational paperwork) to this request

Travel / Expense Advance Request

Date Submitted	
Member Name	
Office	
Chapter / Location	
Business Purpose of Travel/Expense	
* REQUIRED	
Departure Date	
Return Date	
ADVANCE NEEDED BY	
Total Advance Requested	\$0.00

IMPORTANT NOTICE

I have received an advance from the ABMA.

I understand this advance is my responsibility to reconcile within 30 days from the trip date, and if I do not provide adequate proof of proper expense related items (receipts); I understand that I may be responsible for repayment in full of this advance back to the ABMA.

Signature _____

Anticipated Expenses Worksheet

Type of Expense	Description of Expense	Daily Expenses (Except Airfare)	# of Days	Total Expenses
Airfare				\$0.00
Transportation (Gas, Taxi)			1	\$0.00
Tolls and Parking			1	\$0.00
Meals and Tips ²			1	\$0.00
Hotel			1	\$0.00
Conference and Seminars Fees			1	\$0.00
Miscellaneous			1	\$0.00
Grand Total				\$0.00

Office Use Only:

Software Entry INIT _____

Entry Date _____

Acct # in Software _____

Check # _____

²Typical meal costs not to exceed (\$10 Breakfast, \$15 lunch, \$30 dinner) / \$55 per day



