AUTHORIZATION FOR PAYMENT

Please attach invoices and receipts. Use back of form for additional explanation space, if necessary.

Submitted by: 
Conf. Year: 
(printed)
Signature: 
Date:

Related to: 
☐ Opening Session Speaker ☐ Instructor ☐ Student Award Recipient
☐ Committee (name) ☐ Workshop (name)
☐ Budget category and amount: ☐ Other :

Vendor: 
(to be paid directly)
Acct #:

The following expenses are submitted for reimbursement. Payment is to be issued directly to the vendor:

<table>
<thead>
<tr>
<th>Date</th>
<th>Item/Service Purchased</th>
<th>Purpose</th>
<th>Amount</th>
<th>Code</th>
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</table>

TOTAL

For ACSAC Use Only

Approved by: 
Date: 
Signature: 
Title: 
Paid by: 
Date: 
Pmt Method:  ☐ Check ☐ PayPal/Xoom ☐ TransferWise ☐ International Bank Wire Transfer
ID:
Acct Code:  
Total Expense Reimbursement: 
Total Taxable Income:

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