

**CHECK REQUEST**

\_\_\_\_\_  
**Name of Person requesting check**

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**City / State / Zip (for mailing check)**

General Administration	Amount
Postage	
Telephone	
Web Site	
Office Supplies	
Delegate Support	
Scholarships	

**Presidential Support**

Scientific Assembly	
Leadership	

**Educational Courses**

CEN	
CPEN	
ENPC	
TNCC	
Instructor Payments	

**Miscellaneous**

Southeastern Seaboard	
Fundraising	
Taxes	

**Awards and Resolutions**

President Gift Outgoing	
State Awards	

**Government Affairs**

The Alliance	
Summit Registrations	
Nursing Coalition Dues	

**NOTES:**

**For Treasurer Use Only:**

Check: \_\_\_\_\_

Date Written: \_\_\_\_\_

**Individuals must disclose if they are receiving funds or any other monies when being reimbursed by the state council. Pursuant to rules in the Internal Revenue Service code, individuals are not to "personally profit" from the Virginia State Council reimbursement.**

**I am not receiving any other monies for the reimbursement of the receipts provided to the Virginia State Council.**

\_\_\_\_\_  
**Signature**