

Virginia Emergency Nurses Association  
**CHECK REQUEST**

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

\_\_\_\_\_  
 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**

CATN	
CEN	
CPEN	
ENPC	
TNCC	
Instructor Payments	

**Miscellaneous**

Unassigned Members	
Southeastern Seaboard	
Fundraising	
Tax Funding	
Corporation Registration	
VENAGRAM	

**Awards and Resolutions**

Outgoing President Gift	
State Awards	

**Government Affairs**

The Alliance	
Summit Registration	
Nursing Coalition Dues	

**NOTES:**

**FOR TREASURER USE ONLY**

**CHECK #:** \_\_\_\_\_

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