

**IDSA  
REQUEST FOR PAYMENT FORM**

NAME OF PAYEE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

FORM OF PAYMENT: \_\_\_\_\_ ACH

\_\_\_\_\_ CORPORATE CREDIT CARD\*

\*First confirm that vendor accepts payment by credit card (Visa).

\_\_\_\_\_ PAYPAL

PURPOSE OF EXPENSE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ITEMIZED EXPENSE DESCRIPTION (TYPE OF EXPENSE & EVENT/PROGRAM NAME)	EXPENSE ACCOUNT # (xxxx-xxx-xxx-xxx):	DATE OF EXPENSE	\$ AMOUNT:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*FOR CHAPTER EVENTS ONLY*	
Was a SCARF Submitted & Approved by the Chapter VP?	YES NO _____

Total Amount = Payment Amount

If Contract amount is over \$30k, see below

SPECIAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED BY\*: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED BY\*: \_\_\_\_\_

DATE: \_\_\_\_\_

**\*Payment Request Form must be approved by the Executive Director (ED), Sr Director of Operations, or the Sr Director of Finance and Accounting. Amounts equal to or greater than \$15,000 must be approved by two of the following: the Executive Director, Sr Director of Operations, and/or the Sr Director of Finance and Accounting. For all amounts greater than \$30,000, please attach Executive Committee approval, or for amounts greater than \$100,000, please attach Board of Directors approval.**

**Accounting Office Use Only:**

Paid by IDSA Central Credit Card on (Date) \_\_\_\_\_ By: \_\_\_\_\_

Vendor Contact Name/Other Info for Credit Card Payment Processing: \_\_\_\_\_