

Chapter:

Unit Name:

Unit #:

Transaction Type (Please select only one. A separate form is required for different transactions.)

Expense

Deposit

Advance Clearing

Advance

Transfer

Payee: _____ Amount Spent: _____
 Check #: _____ Amount Returned: _____
 Amount of Advance: _____ Amount Due: _____

Date	Description	Taxable Y/N	Amount	Account Code	State	Project ID	990

Total:

Payee Information		Approvals	
Payee:		Submitted By:	
Mail To:		Phone Number:	
Address:		Email:	
City State Zip:		Submitted Date:	
Phone:		Approved By:	
FOR PAC USE ONLY		Title:	
Bank Account:		Signature:	
PAC Initial:		Phone Number:	
Date:		Email:	
Approval Initial:		Approved Date:	
Approval Date:		Treasurer Initial:	