

Date	Chapter:
Check Requested by:	Position
Second Approval	Position
To Be Paid To:	Check to be mailed to with address
Check Is Payment For (Please Be Specific):	Amount
Any Special Instructions?	Chapter POC Signature

INSTRUCTIONS:

1. Fill In This Form, Including Two Authorizations.
2. Attach All Supporting Documentation (Invoice, Contract, Sales Order, Etc.).
3. Email To Chapters@NDIA.org.
4. Signed Check Will Be Returned To You.

For internal use only

Account(S)
Code Allocation:

Senior Vice President, Membership & Chapters