



CHAPTER CHECK REQUEST

2101 Wilson Boulevard, Suite 700, Arlington, VA 22201-3060 • (703) 247-9464 • (703) 522-1885 Fax • NDIA.org

Date	Chapter:
Check Requested by:	Position
Second Approval	Position
To Be Paid To:	Check to be mailed to with address
Account(S) Code Allocation:	Amount
Check Is Payment For (Please Be Specific):	
Any Special Instructions?	
	Authorized 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.