

**Emergency Nurses Association Illinois State Council**

CHECK REQUEST OR  DEBIT CONFIRMATION

Please attach all documentation and appropriate receipts

Date: \_\_\_\_\_ Submitted by: \_\_\_\_\_

Amount: \_\_\_\_\_

Committee or Line Item to be charged/ describe type of expense:

Board Expense/Type \_\_\_\_\_

Education/Type: \_\_\_\_\_

Injury Prevention/Type: \_\_\_\_\_

Pediatric/Type: \_\_\_\_\_

Spring Symposium/Type: \_\_\_\_\_

Trauma/Type: \_\_\_\_\_

Other Committee/Type of expense: \_\_\_\_\_

Additional Information or Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If needed in less than thirty days indicate due date here: \_\_\_\_\_

Check Payable to: [Please print]: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Contact information/telephone or email: \_\_\_\_\_

Submit to: Elisabeth Weber **before 10/18/08**  
Treasurer, IL ENA,  
1226 N. Dearborn St. #A  
Chicago, IL 60610

Susan Harrison **after 10/18/08**  
Treasurer, IL ENA  
1433 Sherman Blvd  
Crystal Lake, IL 60014-2461

Questions? [Treasurer@illinoisena.org](mailto:Treasurer@illinoisena.org)