

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: Susan Harrison (before Dec 31, 2010)
Treasurer Illinois ENA
1433 Sherman Blvd
Crystal Lake, IL 60014

Nicholas Nelson (after Dec 31 2010)
Treasurer Elect Illinois ENA
1651 W. Balmoral Ave., Unit G
Chicago, IL 60640

Questions? Treasurer@illinoisena.org