Emergency Nurses Association
Illinois State Council

Treasurer Transaction Form (Deposits or Credit Cards)

Date: _____ Submitted by: _____

Course Name/Source of funds: _____

Date of event: _____

Committee to Credit Funds: _____

Amount: $_____

# of Checks submitted: _____

# of Credit Cards submitted: _____

Additional Information or Comments:

_____
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Send or deliver to:

Elisabeth Weber (up to 10/18/08)
IL ENA Treasurer
1226 N. Dearborrn St. #A
Chicago, IL 60610-2229

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

Questions? Treasurer@illinoisena.org