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: 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