



| | |
|---------------------------|-------|
| <i>Treasurer Use Only</i> | |
| DEPOSIT/REFUND | _____ |
| QuickBooks | _____ |
| Posted | _____ |

TREASURER TRANSACTION FORM

- DEPOSIT** (Check or Direct Deposits)
 CREDIT CARD (Authorize.Net)
 E-CHECK (ECheck.Net)
 REFUND (Return)
 CREDIT
 TRANSFER (Line Item)

| |
|---------------------------|
| <i>Treasurer Use Only</i> |
| Transaction Date: _____ |

Submission Date: _____

Transaction Amount: _____

Submitted By: _____

Source of Funds: _____

Event (Course) Name: _____ Date of Event: _____

Committee or Line Item to Credit Funds:

- | | | |
|---|--|---|
| <input type="checkbox"/> Awards | <input type="checkbox"/> Evidence Based Practice | <input type="checkbox"/> Pediatric (ENPC) |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Finance | <input type="checkbox"/> Spring Symposium |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Injury Prevention (GA) | <input type="checkbox"/> Trauma (TNCC) |
| <input type="checkbox"/> Education | <input type="checkbox"/> Membership | |
- Other: _____ Expense Type: _____

Number of Checks Submitted: _____

Number of Credit Cards Submitted: _____

Authorization/Tracking Number: _____

Additional Information or Comments: _____

Submit completed form with attached documentations and receipts by fax, email or mail to:

Jan Gillespie, 2013-2014 Treasurer, Illinois ENA
 413 Hackney Lane Fax: 708.327.3474
 Oswego, IL 60543 Phone: 708.327.3715
 Email: jgilles@lumc.edu or treasurer@illinoisena.org