Local 1101 Request for Payment by Credit Card

Date Of Purchase:	
Payment Made To:	
Amount requested:	
Invoice Number:	
Reason for payment:	
Requested by: (Name/Committee)	
Motion number/Authority: (Budget/Bylaw/Policy)	
Authorized by (Print):	
Authorized Signature:	
Local Chair Signature:	

TREASURER TO COMPLETE

Date of Transaction	
Transaction Number	
Description	
Amount	