ALASKA SHRM STATE COUNCIL

Mail or Email
Alaska SHRM State Council
PO Box 242403 * Anchorage, AK 99524

AKSHRMTreasurer@gmail.com

ASSC CHECK REQUEST FORM 2018

TODAY'S DATE:	
DATE NEEDED:	
PAYEE:	
MAIL TO:	
PHONE:	
E-MAIL:	

Date	**Description of Expense** (Attach Invoices, Receipts, Mapquest/Googlemaps, and Any Other Doc)	**Total Expenditure**
	TOTAL	$0.00
	**** 2018 Mileage Rate= .545/mile***	
		DATE
REQUESTED BY:		

***I certify that the above claim for expenses is correct and is directly related to the provision of goods or services for ASSC. Attached is the original receipt, invoice or contract.*

		DATE:
****SUBMITTED BY SIGNATURE:**		
APPROVED BY:		
	ASSC Director or Designee Signature	

ASSC Office Use Only		
Account	Description	Amount
Check #	Date Processed	Date Mailed