



REGION 5 FUNDING REQUEST SUMMARY

TYPE OF REQUEST – SELECT ONE of the 6 CHECK BOXES IN THIS SECTION

Activity Description (Purpose, Meeting, or other explanation)

Activity Date

- EXPENSE REPORT ATTACHED:

Location for Travel Reimbursements

- PACE PROJECT/FUNCTION DISBURSEMENT

Project Description

- GENERAL EXPENSE (Invoice, etc.):

General Expense Description

Section / Chapter Below; CB Account # in Remit Section

PACE Project #

- OTHER:

Other Description

- DEPOSIT:

Deposit Description

- CONFERENCE or MEETING ADVANCE:

Conference/Meeting

Meeting Date

REMIT TO/RECEIVED FROM

Payable To for Payments; Received From for Deposits

Mailing Address or CB Account

Special Handling

PREPARED BY

Volunteer Name

Amount Requested

Volunteer IEEE Role

Volunteer Member #

Volunteer email

Volunteer Phone

Certified Correct Signature

Request Date

For Treasurer's Use Only

Check / CB Account #

Region Chart of Accounts

HQ Chart of Accounts

Transaction Date

Amount

Authorization

- Within Treasurer's Authority
- PACE Approval Required
- Director Approval Required

Authorized Signature

Title

Approval Date

Additional Comment

Explanation for requested exception

Instructions – This is a fillable form where the fields will adjust to the information provided. Calendar controls are available for all date fields. All signature fields are compatible with Adobe Signature. Any type of electronic signature is acceptable with email receipt of the form. **Type of Request:** Provide a high level description for the type of request including the activity date associated with the request. For multi-date events, choose the initial date of the event. Select the radial button for the specific request type and provided the additional information requested for the type selected. **Remit To:** Provide the name of the individual or vendor for payment, along with the address for US Postage. If the transaction is to be a Concentration Banking transfer (such as PACE requests), enter the target CB Account number in lieu of a mailing address. Finally, please include any special handling instructions as necessary. **Prepared By:** Please provide your information to attest to the accuracy of the request and to provide the Treasurer with your contact information. **Authorization:** For some requests, additional authorization will be secured by the Treasurer. **Additional Comments:** This is an open area for requestor to add justification, Treasurer for notation, and Audit Committee as necessary. This area will usually be blank.

Filing – For PACE Projects, send the completed form to: [PACE Project Coordinator](#). For all other requests, send the form and supporting information to: [R5 Treasurer and copy R5 Director](#)