



Golden Gate Society of Enrolled Agents, Inc.

A Chapter of the California Society of Enrolled Agents

Bill Authorization and Committee Reimbursement Form

Date Prepared

Meeting Date

Invoice Date (Vendor)

Member Name

Vendor Name

Make Check Payable To: Member Vendor

Mail Check To:
 Street Address
 City State Zip

Member Phone

Vendor Phone

Instructions

1. Only 1 Check per form
2. Only 1 Vendor per form
3. Vendor Bills must be submitted with this form within 10 days of receipt of billing.
4. Committee/Officer expenses must be submitted within 30 days of event.
5. Mail completed form and attachments to Treasurer.
6. Original invoice from Vendor must be attached..

Sub-Account or Description <i>(choose from list or type in)</i>	Choose PROGRAM from list & insert amount(s) below	Sub-Account or Description <i>(choose from list or type in)</i>	Choose PROGRAM from list & insert amount(s) below
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Affiliate Support	<input type="text"/>	<input type="text"/>	<input type="text"/>
Attendee Support	<input type="text"/>	<input type="text"/>	<input type="text"/>
Committee Costs	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contributions	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual Meeting	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lunches & Dinners for Program	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marketing	<input type="text"/>	<input type="text"/>	<input type="text"/>
Materials (COS)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional Costs	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rental	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program Refund	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (specify below)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL BILL			<input type="text"/>

Pay or Transfer From: *(select one account)*

Operating Account
 Savings Account
 Scholarship Fund
 Stilwell Fund
 George Bruce Fund
 Iris Kelley Memorial Fund

Member Signature _____ Date _____

Committee Chairperson or COG _____ Date _____

BILL	Date	Entered
	<input type="text"/>	<input type="text"/>
PAID	Date	Check No.
	<input type="text"/>	<input type="text"/>