

**South Carolina Public Health Association
CHECK or ACH REQUEST FORM**

Date Requested: _____ Date Needed: _____

Name of Individual, Committee, External Account or Group Requesting Funds:
(External Accounts Holders: Please use OFFICIAL external account name as listed on SCPHA balance sheet.)

Payee: _____

Address: _____

E-mail Address: _____

Amt to Pay: _____ **Receipts/Invoices Attached**?** _____

Payment method: _____ Account: 100 - Checking NBSC

Instructions: _____

Activity/function: _____

Authorization Statement: *I have read and understand that this request for funds is in accordance with the contract entered into by the above listed organization or the approved committee budget and the SCPHA.*

Requested by: _____ Title: _____

Signature/Date

The total check amount should be coded as follows:

QuickBooks Account Number	Class	Amount

Total should agree to the check amount above* **Total* **\$0.00**

***Invoices, receipts, or other supporting documentation should always accompany this check request prior to payment whenever possible.*

scpha@bill.com

ALL INVOICES WILL BE APPROVED BY TREASURER AND PRESIDENT ONLINE VIA BILL.COM SYSTEM

INSTRUCTIONS FOR USING DROP DOWN MENUS ON QB Account Number & CLASS

- 1) Click on cell below "QB Account Number" and choose proper account to be charged for expense.
If you are an outside account, browse until you find the "2000" series of account numbers and choose your account's specific name from that list.
If you are requesting a payment for a SCPHA expense, select the correct expense account in the "5000" series
- 2) Click on the cell below "Class", and select the proper program/activity related to your expense.
Outside accounts do not need to select a class.
- 3) If you are uncertain about how to complete this section, just leave it blank and if needed, you will be contacted to assist in completion of this information.