



Date _____

REQUEST FOR PAYMENT
Michigan Organization of Diabetes Educators

Person Requesting Payment: _____ Amount: _____

Attach receipt

Position/committee _____ Phone: _____

Make check payable to: _____

Mail to: _____

Expense Account (please check)

- _____ Postage
- _____ Copying
- _____ Shipping
- _____ Mileage @ IRS approved rate (2007 rate: 48.5 cents per mile)
- _____ Travel expenses
- _____ Secretarial services (_____ hours @ \$15/hour)
- _____ Utilities (explain) _____
- _____ Services (explain) _____

Additional Information/Reason _____

Mail/FAX this request to the MODE President

For Presidents Use Only	
MODE President Signature	Date

For Treasurer's Use Only

Check# _____

Date: _____

Account: _____