

Office Use Only:

Invoice # _____

Date Received _____

Connecticut Academy of Nutrition and Dietetics, Inc.
Payment Request Form *(please complete the following)*

Date: _____

Requested By: _____

Make Check Payable To: _____

Address: _____

Telephone: _____ Circle: *Cell or Home*

Please List Amount Requested By The Appropriate Category:
Please attach supportive data such as bills, receipts, statements, etc.

Supplies: _____

Postage & Shipping: _____

Printing and Publications: _____

Conferences, Conventions, Meetings: _____

Travel: _____

Telephone Calls: _____

Other: _____

Total Amount Requested: _____

Office or Committee Being Charged: _____

Purpose: _____

Within Budget: Yes No

Please attach receipts and either :

1. Scan and email to Sunida.Infahsaeng@hhchealth.org

2. Mail to the CT Academy Treasurer:

Sunida Infahsaeng

18 Beech St.

Trumbull, CT 06611