



**ECA PAYMENT ORDER**

<b>Date:</b> _____	<b>Address to send payment:</b> _____ _____ _____
<b>Pay to the Order of</b> _____	
<b>In the amount of \$</b> _____ <b>Dollars</b>	
<b>For</b> _____ <b>Purpose</b>	
<b>Charge to</b> _____ <b>Activity</b>	*If no address, checks need to be picked up at DO
<b><u>Checklist for Every Payment:</u></b>	
-Club vote approving payment: Date of vote _____ # Yes _____ # No _____ Attach meeting minutes showing who voted	
-Is this purchase for resale? _____ If yes, attach NYS ST-120 Resale Certificate	
-Attach itemized invoice	
-If reimbursement, attach receipts showing proof of payment (no packing slips or order confirmations)	
-If scholarship, attach process documentation	

**Signatures:**

\_\_\_\_\_  
*Student Activity Treasurer*

\_\_\_\_\_  
*Faculty Advisor*

\_\_\_\_\_  
*Principal*

**Verification of Available Balance:**

Unencumbered Balance: \$ \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_

Additional Sales Tax (if applicable): \$ \_\_\_\_\_

Available Balance: \$ \_\_\_\_\_