



**ASSOCIATION  
OF MEDICAL FACILITY  
PROFESSIONALS**

**AMFP CHAPTER NAME:** \_\_\_\_\_

☐

**CHECK**

☐

**ACH**

Make Payable to (name & address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Amount: \_\_\_\_\_

Currency: \_\_\_\_\_

**GL Account #:** \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

Comments or Special Instructions: \_\_\_\_\_

\_\_\_\_\_

**\* For ACH Transaction Request:**

- Submit completed ACH form along with this completed form and legible receipts or related documentation to [invoices@amfp.org](mailto:invoices@amfp.org)

**\*\* For CHECK Transaction Request:**

- Submit completed form along with legible receipts or related documentation to [invoices@amfp.org](mailto:invoices@amfp.org)

Signature: \_\_\_\_\_

Approved by: \_\_\_\_\_

**Questions? Contact the AMFP Executive Office at [invoices@amfp.org](mailto:invoices@amfp.org)**