

State Bar of Michigan

306 Townsend St., Lansing MI 48933-2012, (800) 968-1442
http://www.michbar.org

SECTION PAYMENT REQUEST FORM

For use when making a payment to a section member for services provided to the section.

Section	<input type="text"/>		
Name	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>		
State	<input type="text"/>	Zip Code	<input type="text"/>
Phone	<input type="text"/>		
E-mail	<input type="text"/>		

Please provide account numbers

Account Number	Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Amount Total	<input type="text"/>

Description of Services

Authorization to compensate an officer or council member for a service to the Section that is not defined by the Section's bylaws as a duty of an officer, council member, or Section member requires a two-thirds vote of the Section council. The person to be compensated may not participate in the vote. The vote must be recorded in the minutes of the meeting, and the minutes must be made available on the Section's website.

I hereby attest that the compensation is not provided for services rendered in connection with the performance of a duty of an officer, council member, or section member, and further attest, if the compensation is to an officer or council member, that the voting and publication requirements above have been met.

Signature of Payee

Date

Section chair or section treasurer signature approval

Date