

***** IMPORTANT NOTICE *****

March 16, 2020

OSB Member

Due to recent COVID-19 Coronavirus concerns, OSB is strongly encouraging all members to transition from receiving payments by check to electronic funds transfer (ACH/EFT). Payment requests are paid weekly on Tuesday and deposited directly to your bank account. In addition, you will receive a payment remittance via email noting what was paid, how much and the date the funds will be transferred to your account. Be assured that your information is kept strictly confidential for accounting purposes only.

To sign up for ACH/EFT payments, complete page 2 of the Expense Reimbursement form and return to:

Oregon State Bar
Attn: Accounting – ACH
Po Box 231935
Tigard, OR 97281

If you have any questions, please feel free to call or email me.

Donna Wuennecke
Accountant
Direct: 503-431-6307
dwuennecke@osbar.org

Expense Reimbursement Report



Bar #: _____

Mail to: OSB Accounts Payable
 PO Box 231935
 Tigard OR 97281-1935
 Email to: accountspayable@osbar.org

Payment Choice: **CHECK** **ACH** (Sign-up for ACH, see page 2)

*** **Section Members:** Submit this form to the section treasurer for approval ***

Funds Payable To:

Section Name:

Mailing Address	Event / Activity Description	
	Event Name/Date:	
	City & State:	
	Description:	

Date →						Totals
Meals (breakfast,lunch,dinner,snacks)						
Lodging						
Airfare						
Car Rental						
Taxi/Transport Services						
Parking						
Misc (Specify)						
Totals						

Mileage Reimbursement			
Date	Travel to/from	No. Miles	Remarks
		Total Mileage	0.56 / mile

Accounting Distribution		Totals	
Account Number	Amount	Total Expenses	
		Less Advance (if applicable)	
		Total Reimbursement	
		Approval Signatures & Date	
		Section Treasurer	
		Section Chairperson	
		Section Approval Date	
		OSB Dept Director/Mgr	
		OSB Accounting	
		OSB CFO	
Total		OSB Approval Date	

Signature of requestor (required for payment)	Date
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NOTE: Receipts are required for all expenses

OREGON STATE BAR

ACH ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

OREGON STATE BAR IS PLEASED TO OFFER AUTOMATIC ELECTRONIC PAYMENTS FOR THE CONVENIENCE OF OUR VENDORS. THIS IS AN OPTIONAL, NO CHARGE SERVICE THAT ALLOWS YOU TO HAVE YOUR PAYMENT DEPOSITED DIRECTLY INTO YOUR BANK ACCOUNT. PAYMENTS WILL FOLLOW BUSINESS OFFICE GUIDELINES AND SCHEDULES. IF YOU ARE INTERESTED IN PARTICIPATING, PLEASE READ THE AUTHORIZATION AGREEMENT FORM AND FOLLOW THE INSTRUCTIONS BELOW.

1. COMPLETE THE FORM BELOW. BE SURE TO INCLUDE YOUR VENDOR NUMBER, SIGNATURE(S), AND DATE. **PLEASE PRINT CLEARLY.** (AN INCOMPLETE FORM CANNOT BE PROCESSED)
2. **IMPORTANT:** IF YOU CHOOSE TO HAVE YOUR PAYMENTS MADE TO YOUR CHECKING ACCOUNT; PROVIDING A **VOIDED CHECK** WILL ASSIST IN EXPEDITING THIS REQUEST.
3. IF THE SELECTED ACCOUNT IS IN A NAME OTHER THAN YOURS, YOU MUST INCLUDE THE NAME OF THE OTHER PARTY AND THEIR SIGNATURE.
4. VERIFY THE ACCOUNT AND ABA/ROUTING NUMBER WITH YOUR BANK.
5. RETURN THE COMPLETED FORM TO THE OREGON STATE BAR – ACCOUNTING DEPT. IN PERSON OR MAIL TO:

OREGON STATE BAR
ATTN: ACCOUNTING DEPT - ACH
PO Box 231935
TIGARD, OR 97281-1935

Please call the Oregon State Bar at (503) 431-6307 if you need further information.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS AND/OR ACH CREDITS)

VENDOR/NAME: _____ ACCT/BAR #: _____
(PLEASE PRINT CLEARLY) (IF KNOWN)

DAY PHONE: _____ EMAIL REMIT STUB TO: _____

I (WE) HEREBY AUTHORIZE OREGON STATE BAR TO INITIATE DEBIT AND/OR CREDIT ENTRIES TO MY (OUR) CHECKING SAVINGS ACCOUNT (SELECT ONE) INDICATED BELOW AT THE FINANCIAL INSTITUTION NAMED BELOW, HEREINAFTER CALLED *DEPOSITORY*, AND TO DEBIT AND /OR CREDIT THE SAME TO SUCH ACCOUNT. I (WE) UNDERSTAND IF CORRECTIONS ARE NECESSARY, IT MAY INVOLVE ADJUSTMENT (CREDIT OR DEBIT) TO MY (OUR) ACCOUNT. I (WE) ACKNOWLEDGE THAT THE ORIGINATION OF ACH TRANSACTIONS TO MY (OUR) ACCOUNT MUST COMPLY WITH THE PROVISIONS OF U.S. LAW.

BANK
NAME: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING ACCOUNT
NUMBER: _____ NUMBER: _____

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL OREGON STATE BAR HAS RECEIVED WRITTEN NOTIFICATION FROM ME(US) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD OREGON STATE BAR AND *DEPOSITORY* A REASONABLE OPPORTUNITY TO ACT ON IT,

ACCOUNT HOLDER SIGNATURE: _____ DATE: ___/___/___

ACCOUNT HOLDER NAME: _____
(PLEASE PRINT CLEARLY)

NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

OSB ACCTG Use ONLY: DATE RECEIVED: _____ BANK VERIFICATION: _____ INITIALS: _____