CONVENTION of STATES ACTION

EVENT PAYMENT REQUEST FORM

Submit this completed form by email to payment@cosaction.com *at least 21 days before payment is due*. State laws may limit our ability to reimburse volunteers for expenses. Please include any relevant applications, contracts, insurance requirements, or other information. If necessary, attach additional pages. Contracts should not be signed on behalf of the organization prior to approval. Please submit print orders online at www.conventionofstates.com/printorders.

Your Information

Name _____ *State* _____ *Volunteer Position* _____

Email _____ *Phone* _____ *Today's Date* _____

Event Information

Event Name _____ *Event Host* _____

Event Date(s) _____ – _____ *Location (City, State)* _____ *Estimated Attendance* _____ *Total Cost* _____

Event Description:

Objectives: ☐ Recruit volunteers ☐ Educate public ☐ Distribute literature ☐ Collect signatures → ☐ *Est. #*

☐ Lobby legislators ☐ Other (*describe*): _____

Have you discussed this event with your State Director and received approval? ☐ No ☐ Yes
Have you secured the necessary volunteer support to have a successful event? ☐ No ☐ Yes
Have you requested a non-profit discount from the event host or venue? ☐ No ☐ Yes
Have you or your state team participated successfully at this event in the past? ☐ No ☐ Yes → _____

Itemization of Costs & Additional Information

Payment Information

Type of Payment: ☐ Credit Card ☐ Check ☐ Other (*describe*): _____

Payment Due By: _____ **Payable To:** "_____"

Payment Contact Info:

Name _____ *Email* _____

Phone _____ *Mailing Address* _____ *City* _____ *State* _____ *Zip* _____

Insurance Information

Is a Certificate of Insurance required? ☐ Yes ☐ No "_____"
Name(s) to be insured

Insurance Due By: _____

Insurance Contact Info:

Name _____ *Email* _____

Phone _____ *Mailing Address* _____ *City* _____ *State* _____ *Zip* _____

Save | Print | Clear

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