



Select Payment Type:

Vendor Payment

Reimbursement

\*\* Payments will NOT be processed without *all* required documentation.\*\*

\*\* Reimbursements will NOT be processed without *invoice* and *proof* of payment.\*\*

Input Fund Info:

Date:	Name of Fund:	Fund #:
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Input Vendor Info:

Payable To:	Profile #:
Address:	City, State, Zip:

Input Invoice / Payment Info:

Invoice Number:	Amount: \$
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Description of Expense:

If Vendor Payment:  Current Year W-9 Attached or  Current Year W-9 Already on File

Expense Type: Select One

<input type="checkbox"/> <b>Administrative</b> <i>Costs not directly associated with your fund's mission. i.e. office supplies, insurance, accounting / legal, etc.</i>	<input type="checkbox"/> <b>Fundraising</b> <i>Costs associated with soliciting others to contribute money to your fund.</i>	<input type="checkbox"/> <b>Program</b> <i>Costs directly related to your fund's mission. For example: Food or kennel costs spent by an animal shelter.</i>
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Expense Type: Does this relate to a Special Event?

*A Special Event, meaning an event carried on with a purpose of raising funds.*

Yes  No

Special Event Info:

Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Payment Method: Select One

<p><b>Electronic Payment Transfers</b></p> <input type="checkbox"/> Direct Deposit (ACH) – No Fee <input type="checkbox"/> Wire Transfer – Same Day / International - \$15 Fee	<p><b>Check</b></p> <input type="checkbox"/> Mail <input type="checkbox"/> Pick-Up Pick-up Date / Time: _____
<p><b>Bank Account Information</b></p>	
Bank Name:	
Name on Account:	
City / State:	
Transit / ABA Number:	
Account Number:	

Provide Authorization

As the authorized representative of the above-referenced fund, I recommend payment/reimbursement as detailed above:

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

*By signing this vendor payment recommendation, I represent that, to the best of my knowledge, the expenses and supporting documentation are true and accurate, and support the mission of the organization.*