



**Input Fund Info:**

Date: \_\_\_\_\_ Name of Fund: \_\_\_\_\_ Fund #: \_\_\_\_\_

**Input Vendor Info:**

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

**Complete the Payment Schedule • Include Date & Amount**

DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
1.	\$	5.	\$	9.	\$
2.	\$	6.	\$	10.	\$
3.	\$	7.	\$	11.	\$
4.	\$	8.	\$	12.	\$

**Payment Info:**

Contract Attached Contract TOTAL Amount: \$ \_\_\_\_\_

**Description of Expense:**

Please indicate:  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**

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

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.*

TDF OFFICE USE ONLY:		DATE: _____	NOTES				
Reviewed / Approved / Processed							
Admin		Senior Management (over \$50k)					
Staff Accountant		Controller / CFO	<input type="checkbox"/> W-9	<input type="checkbox"/> Pmt. Info	<input type="checkbox"/> Prof. Fundr.	<input type="checkbox"/> AP	<input type="checkbox"/> Prepaid
C.I. Department							