



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 #:
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Address:	City, State, Zip:
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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"/> Administrative <i>Costs not directly associated with your fund's mission. i.e. office supplies, insurance, accounting / legal, etc.</i>	<input type="checkbox"/> Fundraising <i>Costs associated with soliciting others to contribute money to your fund.</i>	<input type="checkbox"/> Program <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>Electronic Payment Transfers</p> <input type="checkbox"/> Direct Deposit (ACH) – No Fee <input type="checkbox"/> Wire Transfer – Same Day / International - \$15 Fee	<p>Check</p> <input type="checkbox"/> Mail <input type="checkbox"/> Pick-Up Pick-up Date / Time: _____
<p>Bank Account Information</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.

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