



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"/> 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

Electronic Payment Transfers	Check
<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
Bank Account Information	Pick-up Date / Time: _____

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.