



PAYMENT REQUEST FORM

Fund Name _____ Fund Number _____

Please use a separate form for each invoice or individual requesting reimbursement.
Receipts must be attached.

| Payment Authorized to: | Description | Amount | Total |
|--|----------------------|--------|-------|
| NOTE: Include name and mailing address if not on receipt | Item/Explanation/Use | | |
| | | | |
| Chart of Accounts: 1-09-5040-00 - Mission Related Expenses 1-09-5050-10 - Development Support (Community Funds Only) 1-09-5060-05 - Special Projects (Rarely Used) | | | |
| <i>Community Funds only: Development Support is for any expenses related to <u>raising funds</u>, for example: postage, thank you notes or fundraising promotions. All other expenses are considered mission related expenses.</i> <i>Mission Related Expenses: expenses paid for a fund that are not a grant.</i> <i>Special Project Expense: this category is ONLY used for those funds that are raising funds for a special project and have a special project line item open in their fund.</i> | | | |

APPROVAL

Fund Advisory Committee Chair _____ Date: _____

NMF Officer _____ Date: _____

NMF President _____ Date: _____

Please Do Not Fill Out This Section - NMF Internal Use Only

| Account & Fund to Debit (NMF Internal Use Only) | | | | |
|---|--------|--|-------------|------|
| Class | Center | Account | Restriction | Fund |
| | | | | |
| Amount: | | Cash Account (Completed by Accounting Dept) | | |
| | | | | |