



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: <input type="checkbox"/> Mission Related Expenses <input type="checkbox"/> Development Support (Community Funds Only) <input type="checkbox"/> Special Projects (Rarely Used)			
<i>Mission Related Expenses: These are expenses that are paid by a fund that are not a grant.</i>			
<i>Development Support (these are <u>only</u> applicable to community funds): These are 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>Special Project Expense: These are only 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

Please submit this form, along with any corresponding receipts, to giving@nwmf.org