

Note: Please use a separate form for each vendor to whom you are requesting direct payment be directed. *Personal reimbursement requests do not use this form.*

Direct Payment Request (Check Request) Form



Please make NFA check payable to:

Vendor Name _____

Vendor Address _____

Vendor City/St/Zip _____

Vendor Contact Name _____

Vendor Phone _____

NFA EVENT _____ **EVENT DATE** _____

Date of Invoice / Estimate	Good or Service (If more than one, list all.)	Purpose to NFA Event	Account/Purpose Admin/Accounting use only	Amount
Total Check Amount				\$ _____

Please attach appropriate invoice or price estimate. Is down payment required before delivery?
 Circle: **NO** **YES** Amount _____

Member Name (print): _____ Chapter: _____

Member Signature: _____ Date: _____

Approved by: _____ Date: _____

Officer Title: _____

Check # _____	Check Date _____	Mail Date _____
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Form must be received by Treasurer at least 45 days prior to NFA event.