



Vendor Payment Request

Requester's Name and Phone Number:

Make check payable to: _____

Address and phone number of check payee:

Fundraising Activity or Budget Category: _____

Date of Event: _____

Date Payment Needed: _____

Description of Vendor/Items (please attach invoice/estimate/contract):

Please note: for payments directly to an individual (opposed to a company), please work with the Northern Hills financial secretary for payment. This is to allow for appropriate tax forms to be issued by EPSAC. PTO will reimburse the school in these instances.

Total Amount Requested:

\$_____

Signature of person requesting vendor payment

Date

*Our PTO Bylaws require the signatures of two of our four officers on every check; please allow up to 7 business days for check to be written & signed. Please contact NorthernHillsTreasurer@gmail.com if you have questions or concerns. Thank you for all that you do for the students and staff of Northern Hills!!!