## Northern Hills

## 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 inve	oice/estimate/contract):
Please note: for payments directly to an individual please work with the Northern Hills financial seallow for appropriate tax forms to be issued by school in these instances.	cretary for payment. This is to
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!!!