



Empowering volunteer professionals to Excellence

PAYMENT REQUEST

*Check Request

Reimbursement

Date: _____

Amount: \$ _____

Requested by: _____

Phone #: _____

Make check payable to (name of person or organization) to be written on check:

Mail check to (name, address, and ZIP):

Phone number: _____

*Taxpayer ID or SSI: _____

(only necessary for Check Requests)

Amount	Reason	Committee charged & budget code

NOTE: *Please allow 14 days to process this request, unless special arrangements have been made with Fiscal Officer.

*For this request to be processed, an **original receipt or invoice MUST be attached**. As a non-profit, NOVAA must have this documentation if we are audited. If requesting pre-payment, please indicate below.

Reimbursement- Receipt or Invoice(s): Attached (date) _____

Pre-payment request- Receipt or Invoice(s): To Follow (date) _____
 Will send (date) _____

(Receipts/Invoice(s) may be sent after the expenditure ONLY if this is for pre-payment)

Authorized by: _____

(All payment requests must be authorized by a member of the board.)

Authorized by: _____

(Expenses over the amount of \$500 must be authorized by a second member of the board)

Mail to: NOVAA, Attn Fiscal Officer PO Box 8536 Portland, OR 97207