



ADVANCE PAYMENT REQUEST FORM

Vendor/Recipient Name: _____

Make Check Payable to: _____

Vendor/Recipient Address: _____

Vendor/Recipient City, State, Zip: _____

Recipient Phone: _____ Email: _____

Payment Needed By: _____

Delivery Method: How you would like this payment delivered to recipient?
(i.e. US Mail, Hand Delivered, Electronic Transfer, etc.)

Request Date	Explanation of Expense	Project or Activity	Amount
Total Check Amount			

Please attach appropriate invoice, estimate or other supporting documentation.

Submitted By: _____ Date: _____

Submitter Contact Info: Phone _____ Email: _____

Approved By: _____ Date: _____

CHECK # _____ CHECK DATE _____ ACCT/CLASS _____ SENT VIA: _____