

NIKKEI MATSURI, INC.

PAYMENT REQUEST

☐ Check
☐ Other: _____

Instructions:

1. Complete this form. Fill in all the information requested.
2. Attach supporting documents (i.e. receipts, invoice, order forms, etc.)
** If you email the request, you must still submit the receipts and request form.*
3. Submit for approval and payment:

DATE:

Requested by:	
Phone # and/or	
e-mail	
Make Check Payable To:	

Send Check To:	(Name) _____ (Address) _____ (City, Zip) _____
-----------------------	--

Description/Committee	Vendor	Amount
1		
2		
3		
4		
5		
Total Amount:		\$

Approval:

___ Board
___ General Arrangements
___ Committee Chair
___ Organization Representative
___ Other: _____

Signature

Print

Check date:

Check #:

Committee/Budget: