



# Payment Request

Fund Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Make Check Payable to:**

Name/Payee \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Purpose/Instructions: \_\_\_\_\_

Invoice # \_\_\_\_\_ Date of Invoice \_\_\_\_\_ Check Amount \$ \_\_\_\_\_

*No more than 90 days old*

Mail Check     Check to be picked up by \_\_\_\_\_ Phone \_\_\_\_\_ *Required*

**Type of Payment:**

- Goods - Please attach invoice/bill
- Services or Goods & Services - Please attach invoice/bill and provide Tax ID or SS Number \_\_\_\_\_
- Reimbursement of Expenses – Please attach ORIGINAL invoices (no copies)

Authorized Advisor Signature \_\_\_\_\_  
(Cannot be signed by the named Payee above)

NVCF CEO Approval: \_\_\_\_\_

NVCF Board Approval: \_\_\_\_\_

**For NVCF Use Only**

Line Item	Amount
_____	_____
_____	_____
Post On _____	
Post By _____	
Check # _____	

Return this form to:  
**NORTH VALLEY COMMUNITY FOUNDATION**  
240 Main Street, Suite 260, Chico, CA 95928  
P. 530.891.1150 – F. 530.891.1502