



# PAYMENT REQUEST FORM

Fund Name \_\_\_\_\_ Fund Number \_\_\_\_\_

Please use a separate form for each invoice or individual requesting reimbursement.  
**Receipts must be attached.**

Payment Authorized to:	Description	Amount	Total
NOTE: Include name and mailing address if not on receipt	Item/Explanation/Use		
<b>Chart of Accounts:</b> 1-09-5040-00 - Mission Related Expenses 1-09-5050-10 - Development Support ( <b>Community Funds Only</b> ) 1-09-5060-05 - Special Projects (Rarely Used)			
<i><b>Community Funds only:</b> Development Support is for any expenses related to <u>raising funds</u>, for example: postage, thank you notes or fundraising promotions. All other expenses are considered mission related expenses.</i> <i><b>Mission Related Expenses:</b> expenses paid for a fund that are not a grant.</i> <i><b>Special Project Expense:</b> this category is <b>ONLY</b> used for those funds that are raising funds for a special project and have a special project line item open in their fund.</i>			

**APPROVAL**

Fund Advisory Committee Chair \_\_\_\_\_ Date: \_\_\_\_\_

NMF Officer \_\_\_\_\_ Date: \_\_\_\_\_

NMF President \_\_\_\_\_ Date: \_\_\_\_\_

**Please Do Not Fill Out This Section - NMF Internal Use Only**

Account & Fund to Debit (NMF Internal Use Only)				
Class	Center	Account	Restriction	Fund
<b>Amount:</b>		<b>Cash Account (Completed by Accounting Dept)</b>		