PAYMENT REQUEST FORM

Heart of Michigan Bernese Mountain Dog Club, Inc.

Please use this form to approve direct payment to a vendor. One line must be completely filled out for each invoice to be paid. The payment will be mailed to the company address on the invoice which must be included with this form. Don't forget to sign this form signifying your approval for payment. Please note that committee chair approval is required for all payments. Lack of a committee chair signature could delay payment processing while the request is verified with them.

Name_____ **Position/Committee**_____

Phone_____ **E-Mail**_____

Company	Invoice		Description	Committee / Event	Amount
	Number	Date			

Comments/Special Instructions:

I approve the above captioned charges and request payment to be made to the companies as indicated:

Date: ____/____/____ **Signature**_____

Committee Chair Signature _____

Send Payment Request together with attached invoices to:
HMBMDC Treasurer
c/o Kris Cassar
5505 Forman Dr.
Bloomfield Hills, MI 48301

Payment Request Form rev 07/01/2007