

Save or Export
this PDF before
filling out form.

HUNTER BROOKS WATSON MEMORIAL FUND

Payment Request

2020-21

Form PR - As of February 9, 2018

ONE FORM PER
VENDER

Grantee name:

Check One: Pre-Payment Request. Must be made payable to a nonprofit organization or to a vender/supplier.
Reimbursement Request - Must be made payable to person who paid the bill. NAME must appear on invoices/receipts. If check will be sent to a business it MUST identify who it is to be handed to or ATTN TO:.

Date: Amount:

Pay To:

All payment requests must be emailed to your MENTOR or to natalie@hunterwatson.org with your name in the Subject line and INCLUDE PDF copies of ALL the documents that apply to this request - Bids, quotes, Proof of Payment receipts, email confirmations of purchase, supporting screenshots of purchase, copies of credit card statements or payments made from a bank account for specific items will all suffice.

Requests to pay MUST be made at least three weeks before funds are needed.

PURPOSE: Please identify the nature of your request by checking one of the boxes below:

Payment for goods and services related to Grant

Other

Delivery Instructions

Being Mailed to Third Party or Vender

Being Mailed to Grantee or their representative

Other

Purpose:

Comments:

Your Digital Signature : _____ Type Name _____