

Mattawan Consolidated School Activity Fund Payment Request Form

Purpose of Form:

- Non-Employee Reimbursements (*required documents: Paid Receipt)
- Payment of a Vendor Invoice (*required documents: W-9, Invoice)
- Payment to an Individual for Services Provided (*required documents: W-9, Contract, or Service Agreement signed by both parties)

DO NOT USE THIS FORM FOR EMPLOYEE REIMBURSEMENT REQUESTS.

*Note: W-9 form is only required for new vendors. Checks will not be issued until the W-9 form is received by central office. Please attach all required documents to this request.

Request Date:	
Amount to be Paid:	
Paid From-ASN #:	
Paid From-Activity Account Name:	
Payment Description: (Reason for Check)	

Payee or Vendor Information

Payee or Vendor Number, if known:	
Payee or Vendor Name:	
Street Address:	
City, State and Zip:	
Phone:	

Note: Check will be mailed to address provided unless special delivery instructions are completed.

Special Delivery Instructions:	
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Approval of Authorized Activity Account Representative(s)

Signature:	
2 nd Signature, if required:	

CENTRAL OFFICE USE ONLY:

DATE RECEIVED: _____