



Howard University Alumni Club of
Westchester and Rockland

Payment Request Form

Please complete form fully and attach all receipts. Obtain approval signatures from the President and the Committee, Event or Program Chair. Please submit the completed form to the Treasurer for payment.

Please Note:

1. When purchasing goods or services, please mention that the HUACWR has 501(c)(3) not-for-profit status and thus is not subject to sales tax. You may obtain tax identification number information from the Treasurer, as needed.
2. All goods or services obtained in one fiscal year must be paid for in the same fiscal year.
3. Payment requests in excess of \$500 are subject to Executive Committee approval.

Payee Information

Name: _____ Date: _____

Check Payable to *(if different from Name)*: _____

Address: _____

Phone: _____ E-mail: _____

Vendor Goods or Services

<u>Date</u>	<u>Description</u>	<u>Committee/ Project/ Event</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Total Payment:			\$ _____

Approval Signatures

Signature of Committee, Event or Program Chair _____ Date _____

Signature of President _____ Date _____

Treasurer's Signature

Signature of Treasurer: _____ Date: _____