



North Hunterdon Music Association

PAYMENT REQUEST FORM

Please use this form to request payment or reimbursement. Attach all receipts/invoices. Allow at least one week when advance payment is required.

Committee or NHMA Event	
Date of Event (or dates if ongoing)	
Date submitted to treasurer	
Submitted by	
Signature of Submitter	
Email/phone for questions	

I am a: Chair/Co-chair Committee member NHMA Board member NHHS staff
 This is a: Reimbursement Payment Advance payment needed by: _____

Vendor	Description	Amount

Securely attach all receipts/invoices

Total amount requested \$

Check Payable to:	
Mail To address:	
<input type="checkbox"/> Check here if will be hand delivered	

NHMA use only:	
<input type="checkbox"/> Check # _____ <input type="checkbox"/> EFT <input type="checkbox"/> Gift Cert Date mailed/delivered: _____ Amount: _____ Initials: _____	Category (circle one): Administration, Banquets, Master Classes, Discretionary spending, Fundraising, Marching Band, Scholarships/Awards, Social events/hospitality, Non-budget item Notes: