

Fiber Artists of San Antonio

CHECK REQUEST Form

This form should be used to request a payment made out to a vendor or contractor.
Requests must be submitted within 45 days of occurrence.
Requests must have an original contract, invoice, or bill attached.

Name of vendor or contractor: _____

Vendor phone number: _____ or Vendor email: _____

Pick up check at FASA meeting? Yes _____ No _____ If No, vendor mailing address:

Please print: _____

Total amount of payment: _____

NOTE: If the total amount to be paid to an independent contractor exceeds \$600 a year, obtain IRS Form W-9 from the vendor and attach to this request. **Payments will not be made without the required IRS Form W-9.** Form W-9 is not required for purchases from a store or business.

Is Form W-9 attached? Yes _____ No _____ Not required _____

Which BUDGET line item is this expense for? _____ Don't Know _____

Is this amount still available in your budget?
YES _____ No _____ Don't Know _____

	Description of Itemized Amounts	Amount
1		
2		
3		
Total amount:		

Requesting member signature: _____ Date: _____

Chair/President approval: _____ Date: _____

Treasurer's Use Only

Date paid: _____ Amount: _____ Check number: _____

Treasurer's Initials: _____