

Date Submitted:

## VENDOR PAYMENT REQUEST

**INVOICE/BILL MUST BE ATTACHED**

**Committee Name:** \_\_\_\_\_

**Chairperson's Name:** \_\_\_\_\_

**Event Name and Date:** \_\_\_\_\_

**Check Payable to:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Date Due:** \_\_\_\_\_

**Mail Check to:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional Information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Committee Chair Approval:** \_\_\_\_\_

**Co-President Approval:** \_\_\_\_\_

Required if over \$500

**W2 Attached:** Required for payment to individual or LLC over \$600

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Submit this form along with invoice to Olivia Peters at [bvesa.treasurer@gmail.com](mailto:bvesa.treasurer@gmail.com). If you are unable to scan materials and attach them directly to email, please deposit them in BVESA mailbox and send follow-up email advising that they are ready for pick up.

Please make every effort to submit at least 2 weeks in advance. Mailed checks will be delivered 10-14 days after request is received.