

GRVNC EXPENSE PAYMENT REQUEST

SUBMITTED BY: _____ DATE: _____

MAILING ADDRESS: _____

DATE OF PURCHASE: _____

VENDOR (COMPANY) NAME: _____

ITEM DESCRIPTION: _____

PURPOSE OF PURCHASE: _____

COMMITTEE: (check only one)

- BUDGET, FINANCE AND FUNDRAISING
- BYLAWS
- COMMUNICATIONS AND OUTREACH
- CONSERVATION
- EVENT PLANNING
- EXECUTIVE
- GOVERNMENT RELATIONS
- LAND USE AND PLANNING
- RULES & ELECTIONS
- OTHER _____

BUDGET CATEGORY: (check only one and enter amount in box)

- | | |
|--|----------------------|
| <input type="checkbox"/> ADMINISTRATIVE/OPERATIONS | <input type="text"/> |
| <input type="checkbox"/> COMMUNITY IMPROVEMENT PROJECT | <input type="text"/> |
| <input type="checkbox"/> ELECTIONS | <input type="text"/> |
| <input type="checkbox"/> OUTREACH | <input type="text"/> |
| <input type="checkbox"/> STAKEHOLDER MEETINGS & EVENTS | <input type="text"/> |
| TOTAL | <input type="text"/> |

ATTACHED: (required)

- ORIGINAL ITEMIZED RECEIPT/INVOICE
- COPY OF ITEM PURCHASED
- BUSINESS TAX REGISTRATION CERTIFICATE NUMBER
BTRC: _____ - _____
- IRS FORM W-9 OR EMPLOYER IDENTIFICATION NUMBER
EIN: _____ - _____

SIGNATURE OF NC BOARD MEMBER: _____

CHECK HERE IF THIS IS A REQUEST FOR REIMBURSEMENT OF NC BOARD MEMBER