



North Florida Procurement Association



PAYMENT REQUEST

Please complete this form in its entirety and return it to Secretary/Treasurer Kris Collora at kcollora@flaglercounty.org or fax to 386-313-4110.

Date: _____ Committee Name/Person: _____

Please issue a check to: _____

Reason: (Please be specific)

Total Amount: \$ _____ Expense Account: **Scholarship Award**

Invoice Attached: Yes No

Request Sent By:

Signature

Print Name

Approved by Treasurer: _____

Approved By President: _____

Send form and backup to Joyce Rhodes at NEFRC after approval.

THANK YOU!