

Payment Request

This form is to request reimbursement or payment to vendor of expenses related to program and scholarship funds. Complete all sections and provide either an invoice or a receipt from the vendor with this form and return to Institutional Advancement, Learning Resource Center, B109. As a 501-c3 nonprofit organization **MCCF is exempt from paying taxes and thus does not reimburse sales tax for MCCF-related purchases.** The Tax exempt form is in Form Depot under MCC Foundation, provide it to the retailer/vendor before cashing out. Hard copies are available in LRC B109 or B114.

Please allow two weeks for processing payment requests. Questions? Call 860-512-2903.

PAYMENT REQUEST INFORMATION

Date of Request		Select only one method of delivery	
Amount (please read notation below)		<input type="checkbox"/> Mail check to address listed below <input type="checkbox"/> Transfer funds to MCC – checks payable to MCC <input type="checkbox"/> Pick up check in LRC B109 (pickup information required, indicate below.)	
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		Phone/Email	
Payee			<input type="checkbox"/> Check if MCC employee
Mailing Address	Number and Street		
	Apt. #/Building		
	City	State	Zip
Fund (see back)	Fund Account Number	Fund Name	
	Usage Description		
Invoice attached?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain.			

AUTHORIZATION

Requester/Program Manager* Signature	Printed name	Date
Supervisor* Signature	Printed name	Date
MCCF Executive Director Signature (if not Programming Authority)	Printed name	Date
MCCF Treasurer Signature (if \$2,500 or more)	Printed name	Date

* Requestor and approver cannot be same person.

FOR OFFICE USE ONLY

Date Mailed: ____/____/____

Date Picked Up: ____/____/____

IA Initial: _____

Pickup Initial: _____