



Northville Arts Commission
Vendor Payment Request

Payee: _____

Address: _____

Activity Name: _____

Amount: \$ _____

Description of Payment:

Please attach invoice or other documentation to this request form.

_____ Check to be mailed to above address

_____ Check to be picked up at Northville City Hall

Requested by Signature & Date: _____

Chairperson Approval & Date: _____

Send copy of this form to: Event File and NAC Treasurer/Secretary

To be completed by Finance Department.

Vendor #	Invoice #	Invoice Date
Description		
Account #	Amount	
Ref #	Entered by	Review by

Finance Dept Approval/Math Ver. _____