

CHAPTS *Vendor Directive of Payment Request 2017-2018*

Use this form when goods or services need to be paid directly to vendor.

1. Fill in all information below.
2. Be sure to indicate where you would like the check mailed.
3. Attach vendor invoice.
4. Obtain signature approval from Committee Chairs, as needed.
5. You can also submit an email approval from either and attach.

treasurer@chapts.org/amariucci@cox.net

Submit completed form and drop in CHAPTS Treasurer's mailbox at school or mail to:

**Amy Mariucci CHAPTS Treasurer
6935 E. Gold Dust Avenue, Scottsdale, AZ 85253**

DATE SUBMITTED _____ YOUR NAME _____

PAYABLE TO _____ PHONE _____

MAIL CHECK TO _____
(Mailing address if different from invoice)

COMMITTEE/EVENT/BUDGET LINE ITEM _____
(i.e. Food, Raffle, etc.)

COMMITTEE CHAIR'S APPROVAL _____

Description of Goods or Services	Amount

Total Check Amount _____

Treasurer's Use Only:

Check No.: _____

Date: _____