

New Hampshire Library Association | nhlibrarians.org

PAYMENT FORM

Date:					
Payment Amount:			<u></u>		
Payment is for the fol	lowing	activity:			
PLEASE REMEN	MBER	TO ATTACH REC	EIPT(S) OR SUPPORTII	NG DOCUMENTATION T	O THIS FORM
Make check payable to:		Name			
Send check to:		Address			
Send to the attention of (if different):					
Payment authorized by:		Name			
		NHLA Title			
Pay from:		[Fo	rward to NHLA Treasu	ırer]	
Bank/Broker Name Bank		/Broker Acct #	Fund Name	Acct. Classification	Amount
Barny Broker Name	Darin	, DI OROI / ROOT //	i dila Namo	7.66t. Glassification	, anount
NHLA Treasurer: Date:					
Treasurer's Notes:					
		[I	Forward to Accountar	nt]	
Accountant's Notes:					