



PAYMENT FORM

Date: _____

Payment Amount: _____

Payment is for the following activity: _____

PLEASE REMEMBER TO ATTACH RECEIPT(S) OR SUPPORTING DOCUMENTATION TO THIS FORM		
Make check payable to:	Name	
Send check to:	Address	
Send to the attention of (if different):		
Payment authorized by:	Name	
	NHLA Title	

----- [Forward to NHLA Treasurer] -----

Pay from:

Bank/Broker Name	Bank/Broker Acct #	Fund Name	Acct. Classification	Amount

NHLA Treasurer: _____

Date: _____

Treasurer's Notes: _____

----- [Forward to Accountant] -----

Accountant's Notes: