



PAYMENT FORM

Date:

Payment Amount:

Invoice # (if applicable):

Payment is for the following: _____

PLEASE REMEMBER TO ATTACH RECEIPTS & SUPPORTING DOCUMENTS

Make check payable to:
Send check to:

Send to the attention of (if different):

Payment authorized by:
NHLA Title:

FORWARD TO NHLA TREASURER

Bank Account #	Fund Name	QB Account #	Amount

NHLA Treasurer:

Treasurer's Notes: