

**NEVADA WOMEN'S HISTORY PROJECT  
REQUEST FOR PAYMENT FORM**

<b>SUBMIT REQUEST TO:</b>	NWHP, 770 Smithridge Drive, Suite 300, Reno, NV 89502-0708
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PROJECT NAME (IF APPLICABLE): \_\_\_\_\_

DETAILED DESCRIPTION (WITH DATES WHERE POSSIBLE): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MAKE CHECK PAYABLE TO: \_\_\_\_\_

REQUEST REIMBURSEMENT FOR:

ATTACH RECEIPT(S) HERE/STAPLE

Meeting Refreshments \_\_\_\_\_

Meeting Room \_\_\_\_\_

Postage \_\_\_\_\_

Printing \_\_\_\_\_

Supplies \_\_\_\_\_

Telephone \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

TOTAL REQUESTED: \_\_\_\_\_

MAIL CHECK TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ DATE REQUESTED: \_\_\_\_\_

Approved by: _____	
Check Amount: _____	Check No. _____ Check Date: _____
Mailed/Delivered: _____	Budget Category: _____