



# Payment Request Form

Please send all completed request forms with attached documentation to:

**NHRID, C/O Treasurer PO Box 5432, Manchester, NH 03108**

Please allow 30 days for processing.

Direct any questions to [treasurer@nhrd.org](mailto:treasurer@nhrd.org)

Requested by: \_\_\_\_\_ Date \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

Check made payable to: \_\_\_\_\_

Street address: \_\_\_\_\_

Town, State, Zip: \_\_\_\_\_

Name of workshop or event: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Reason for payment: \_\_\_\_\_

<i>NHRID Board Use Only</i>
Date Sent: _____
Check #: _____

Check made payable to: \_\_\_\_\_

Street address: \_\_\_\_\_

Town, State, Zip: \_\_\_\_\_

Name of workshop or event: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Reason for payment: \_\_\_\_\_

<i>NHRID Board Use Only</i>
Date Sent: _____
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Check made payable to: \_\_\_\_\_

Street address: \_\_\_\_\_

Town, State, Zip: \_\_\_\_\_

Name of workshop or event: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Reason for payment: \_\_\_\_\_

<i>NHRID Board Use Only</i>
Date Sent: _____
Check #: _____

Please attach invoice and/or other pertinent documentation that validates requested payment. Missing information will delay payment, so please make sure to include everything. If additional payments are needed please use a second request form.

Thank you!