



NK Arts Council Payment Request Form

Request Date: _____

Project Name: _____

Project Number: _____

Amount to be paid as Direct: \$ _____

Make Check Payable to: _____

Mail Check to: _____

Vendor Contact Email: _____

Vendor Contact Phone Number: _____

Please attach your W9

Email photos of the event to your liaison, attach receipts, and project documents.

*****FOR OFFICE USE ONLY*****

MAKE A COPY FOR OUR RECORDS

Liaison Name: _____

NK Arts Council Approval for Payment: _____

Account Charged: 85816030 540801

Department Head Approval: _____