

# Somerset Friends of Music

P.O. Box 242 Somerset, MA 02726

friendsofmusic1972@gmail.com

## Check Payment Form

Today's Date: \_\_\_\_\_ Submitted by: \_\_\_\_\_ Amount: \_\_\_\_\_

Group: \_\_\_\_\_ Account to use: \_\_\_\_\_ Funding Request # \_\_\_\_\_

Event & Date (if applicable): \_\_\_\_\_

Vendor/Payee: \_\_\_\_\_

### Reason for Payment:

Please list the item(s) or services to be purchased, with breakdown of line item costs. Attach all invoices associated with this payment. If this payment is for services rendered, please include the name of the provider and the W-9 form. Upon completion, submit this form to the Treasurer or President.

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Requestor Signature: \_\_\_\_\_

### Internal Use:

Treasurer Approval: \_\_\_\_\_

PAYMENT FORM # \_\_\_\_\_

(if over \$1,000) President Approval: \_\_\_\_\_

- |                                    |  |   |   |
|------------------------------------|--|---|---|
| <input type="checkbox"/> Concert   | <input type="checkbox"/> Jazz          | <input type="checkbox"/> NESCC          | <input type="checkbox"/> Fundraising: _____ |
| <input type="checkbox"/> Donations | <input type="checkbox"/> Marching Arts | <input type="checkbox"/> Show Choir     | <input type="checkbox"/> Scholarship: _____ |
| <input type="checkbox"/> Drama     | <input type="checkbox"/> Middle        | <input type="checkbox"/> Strings        |   |
| <input type="checkbox"/> Festivals | <input type="checkbox"/> Musictown     | <input type="checkbox"/> Transportation |   |
| <input type="checkbox"/> Friends   | <input type="checkbox"/> NESBA         | <input type="checkbox"/> Trip Disney    |   |

Date Paid: \_\_\_\_\_ Check# \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Recorded Funding Form \_\_\_\_\_  
Recorded QuickBooks \_\_\_\_\_