

VAST
 PO BOX 1281
 DENTON, TX 76202

**FISCAL YEAR 2019 CHECK REQUEST FORM, DEBIT CARD USE FORM,
 OR PERSONAL REIMBURSEMENT REQUEST FORM**

TODAY'S DATE: _____

VAST Member Requesting: YOUR NAME _____
 TELEPHONE _____
 EMAIL _____

Write **INFO** about the person/entity who is to receive or has received payment:

Name _____
 Street Address _____
 City, State, Zip - PHONE _____

Select ONE method of delivery:

- I will arrange to pick up my check from the Treasurer.
- I will pick up my check at the next monthly meeting.
- Please mail the check to the person above who is to receive the check
- Payment to be done through the Bank's internet BillPay OR Debit Card

IRS W-9 Form is attached (Note: REQUIRED if amount is over \$599 to an individual)

PURCHASE SUMMARY:			
ITEM Purchased and/or VAST project [Explain]	Purchase Date	VAST Account# (leave blank if you don't know)	Amount
Total:			\$ -

NOTE: All requests for a reimbursement check to a person MUST have an invoice from the vendor, OR the original OR legible copy of the personal receipt[s], AND an **explanation of the VAST event/project** that the expense is related to. Attach Board authorization (email fine) if item is in excess of budget. **Prior to purchasing for VAST, obtain a Texas Tax Exempt certificate from the Treasurer**(VAST is a 501-c-3 organization and not subject to sales taxes). **SALES TAXES PAID CANNOT BE REIMBURSED.** Those responsible for speakers at WORKSHOPS or PROGRAMS should attach a copy of the contract to this form.

SIGNATURE OF RECIPIENT REQUIRED: _____