

# Delaware School Nutrition Association

## REQUEST FOR PAYMENT OF INVOICE(S)

<u>DATE</u>	<u>EVENT/ITEM</u>	<u>AMOUNT</u>
<b><u>Total of Payment Request</u></b>		

**Payment Request Presented By:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
Print Name

**Date:** \_\_\_\_\_ **Phone Number: (Work)** \_\_\_\_\_ **(Home)** \_\_\_\_\_

**Make Check Payable To:** \_\_\_\_\_

**Mail Check To: Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Please send this completed form and invoices to your DSNA TREASURER:**

**Stacy Smith, Child Nutrition Specialist**  
 1270 Kings Highway, Lewes, DE 19958  
**Phone Number: (Cell) 302 542 4174**

**For Treasurer's use only**  
**Request Paid: Date:** \_\_\_\_\_ **Check Number:** \_\_\_\_\_ **Amount: \$** \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_, **President DSNA**  
**Verifying Signature** \_\_\_\_\_