

NDLA 2010 Annual Conference
"Libraries: A Census"
September 29 – October 2, 2010
Grand Forks, ND – Canad Inns

Request for Third Party (Vendor) Payment Form

Use this form for expenses coming out of the 2010 conference budget.

The purpose of this form is to explain and authorize charges appearing on a vendor invoice or statement. Mail this form along with invoices or statements in your possession to the Conference Chair. *Please indicate if the invoice or statement will be sent directly to the Conference Chair by the vendor under "Other Comments"*

Name of Vendor: _____

Address of Vendor: _____

Date of Purchase or Service: _____ **Expense Amount:** \$ _____

Description of Purchase or Service (include quantity):

Purpose of Purchase or Service:

Other Comments:

Name of NDLA Member Responsible for Expense _____

I certify that the expenses on the vendor invoice / statement are accurate.

Your Signature _____ **Date of Request** _____

Your E-mail address: _____ **DT Phone:** _____

Please return form with receipts and direct questions to Rita Ennen, Stoxen Library, Dickinson State University, 291 Campus Drive, Dickinson, ND 58601 ; Phone: (701) 483-2883 ; Fax (701) 483-2006 ; e-mail: Rita.Ennen@dickinsonstate.edu

Conference Chair Approval _____ Date _____