

NDLA 2019 Annual Conference
September 25-27, 2019 – West Fargo, ND
DoubleTree by Hilton & Homewood Suites by Hilton

Request for Third Party (Vendor) Payment Form

Use this form for expenses coming out of the 2019 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". All invoices must indicate: "Bill to: North Dakota Library Association".*

Name of Vendor: _____

Address of Vendor: _____

Vendor Phone Number _____

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 Stephanie Kom, State Historical Society of North Dakota, 612 E. Boulevard Ave., Bismarck, ND 58505
Phone: 701.328.3571; e-mail: sbaltzerkom@nd.gov

Conference Chair Approval _____ Date _____