

**Hilliard Education Foundation
Payment Request Form
(Copy this form as needed)**

Staff Member Requesting Payment _____ School _____

Project Title _____

Individual/Company to Be Paid _____

Address _____

City _____ State _____ Zip _____

Description of Expense _____

If payment request is for an individual, I have attached the IRS Form W-9: Yes No
Go to: <http://www.irs.gov/pub/irs-pdf/fw9.pdf> to download the form.

Amount of Payment \$ _____ Date Check Needed By: _____

Choose one:

Send check directly to vendor.
 Send check to teacher/building at _____

**Please attach a detailed statement of the expense or an itemized receipt.
Allow 2-4 weeks for payment.**

Send all paperwork to:
Hilliard Education Foundation
HCSD ILC – 5323 Cemetery Road