

Marion Alachua Dog Training Association, Inc. (MADTA)

Advance Payment Request (Check Request) Form

Please make MADTA check payable to: (all vendors must provide a current W-9 form)

Vendor Name: _____

Vendor Address: _____

Vendor City/ST/Zip: _____

Vendor Phone: _____

Date of Request	Explanation of Expense	Project or Activity	Amount
Total Check Amount			\$

Please attach appropriate invoice or estimate.

Member Name: _____

Member Signature: _____ Date: _____

Approved By: _____ Date: _____

Check # _____ Check Date _____ Amount _____