



# Shaare Torah Request for Payment to Vendor

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Committee: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Budget Account (Administrative, Newsletter, Membership,  
Religious School, Nursery School, Ritual, Other): \_\_\_\_\_

Name of Vendor: \_\_\_\_\_

Make Check Payable to  
(if different than name of Vendor): \_\_\_\_\_

Address of Vendor (if not stated on attached invoice): \_\_\_\_\_

Invoice/Account Number: \_\_\_\_\_

Amount to Pay: \$ \_\_\_\_\_ Date Payment Due: \_\_\_\_\_

Other Instructions: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

**Instructions: Fill out this form when requesting payment to a vendor for goods provided or services rendered. Do not use this form if you are requesting reimbursement for yourself. A copy of the invoice must be provided with this form. Vendors should be informed that Shaare Torah is a tax exempt organization – Maryland sales tax should not be charged for Shaare Torah purchases. Please submit requests for payment as promptly as possible to avoid late fees.**

**Form with invoice may be faxed to 301-869-9846, or mailed to:  
Judah Flum, c/o Shaare Torah, PO Box 83598, Gaithersburg, MD 20883**