PAYMENT REQUEST

NORTH IDAHO COLLEGE

PIP FUNDS

Date: _____

Make Checks Payable To: _____

_____

_____

_____

_____

_____

DETAILS OF CLAIM

Dept / Acct Code	Description	Amount
	TOTAL	

_____

Signature of Requesting Party (if non-Supervisor)

_____

Wade Larson, H.R. Director's Signature or designee (up to $5,000)

_____