

Code/Check # _____

Date Paid _____

Disbursement Request Northwest Territory Alliance

Date of request: _____

Make check payable to: _____

In the total amount of: _____

Mailing address to send check to (please include zip code):

Requester's email and phone number (in case of questions): _____

Itemization

| Date | Amount | Explanation |
|------|--------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Attach original invoices, receipts, or other supporting documentation. ***Checks cannot be issued without supporting documentation!***

Submit to: NWTa Paymaster
Jennifer McGreal
paymaster@nwta.com