**Direct Pay Request Form**

**Instructions:** Please do not combine events on a single form. Direct Pay Requests cannot be honored unless invoices are attached. Please allow up to three weeks for your request to be processed.

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| **Chapter/Walk:**  | **Date Submitted:**  |
| **Submitted by:**  | **Phone Number:**  |
| **Event Title:**  | **Date of Event:**  |

Has an Event Form been submitted for this event? \_\_\_\_\_\_\_\_

This expense has been approved by the Regional Manager and is included in the event budget. Initial \_\_\_\_\_

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| **Company** | **Reason for Request** | **Due Date** | **Amount** |
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| **Please make check payable to:** | **Submit completed form and invoices to:** |
|  | PKD Foundation |
|  | 1001 East 101st Terrace, Suite 220 |
|  | Kansas City, MO 64131 |
|  | Fax: 1-816-931-8655 or volunteers@pkdcure.org |

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| **Notes:** |