**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.

|  |  |
| --- | --- |
| **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 \_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Company** | **Reason for Request** | **Due Date** | **Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **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 |

|  |
| --- |
| **Notes:** |