

# Village of Arden

## ARPA Payment Request Form

Please attach invoices to this form.

Date of payment request \_\_\_\_\_

ARPA Project Name \_\_\_\_\_

Committee \_\_\_\_\_

Project Approver Name \_\_\_\_\_

Contractor Name \_\_\_\_\_

Contractor Address \_\_\_\_\_

Contractor City/State/Zip \_\_\_\_\_

All contractors must submit a Federal W-9 form and Certificate of Insurance. Check box if already submitted. If not previously submitted attach to form. No payment without submitting both forms.

W-9 (go to <https://www.irs.gov/pub/irs-pdf/fw9.pdf> to download)

Certificate of Insurance

Description of Purchase	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

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Payment Approval Signatures (two officers required if over \$10,000) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Print Name

Treasurer Use Only		
Check Number	Amount	Date