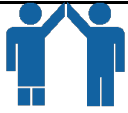


New Horizons in Autism Inc



New Horizons in Autism

Accounts Payable Form

Form created on 11/2023

Department _____

Date: _____

Staff Requesting: _____

Payable to: _____

Address: _____

Phone: _____

Email: _____

Amount Requested

Vendor Information

Purpose of Purchase/Invoice

Location of Service

Invoice Number *(if applicable)*

Employee Signature

Manager Signature

Executive Director Signature

FINANCE OFFICE USE ONLY

Financial Office Signature

Director of Finance Signature