GUAM PRESERVATION TRUST

INANGOKKON INADAHI GUÅHAN

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PROJECT SHOP PAYMENT REQUEST FORM

Dear SY2026-2027 PROJECT S.H.O.P Awardee,

We look forward to your project being implemented! What we need from you are two (2) things:

- Attach an Invoice to this form for all items you intend to purchase
- After you complete the Pay Request information below, GPT will write a check to each of your vendors for the supplies necessary to complete your project up to $500 in total. We will then contact you to pick-up the payment and complete your purchase transaction with receipts emailed to **guampreservationtrust@gmail.com**

DATE	
NAME	
CONTACT NUMBER	
EMAIL ADDRESS	

PAY TO THE ORDER OF: VENDOR NAME(S)	VENDOR ADDRESS	VENDER CONTACT INFORMATION	AMOUNT REQUESTED
		GRAND TOTAL REQUESTED	$

For Staff Use Only:

SHOP AWARDEE NUMBER:_____ DATE RECEIVED: _____ CHECK NUMBERS: _____