



PAYMENT REQUEST FORM

TODAY'S DATE: _____

SECTION #: _____

REQUESTED BY: _____

PAYMENT FORM: ACH WIRE

W-9/W-8	<input type="checkbox"/> ATTACHED	<input type="checkbox"/> ON FILE
ACH FORM	<input type="checkbox"/> ATTACHED	<input type="checkbox"/> ON FILE
WIRE FORM	<input type="checkbox"/> ATTACHED	

REASON FOR PAYMENT: INVOICE PAYMENT REFUND REIMBURSEMENT OTHER

PREPARE IN THE AMOUNT OF: \$ _____

PAYMENT PAYABLE TO: _____

RECIPIENT EMAIL ADDRESS: _____

RECIPIENT MAILING ADDRESS:

PURPOSE: _____
(ATTACH SUPPORTING DOCUMENTS i.e. INVOICE, AGREEMENT, etc.)

ACCOUNT	DEPARTMENT	FUND	LINE DESCRIPTIONS/REFERENCE
_____	_____	\$ _____	<div style="border: 1px solid black; height: 20px;"></div>
_____	_____	\$ _____	<div style="border: 1px solid black; height: 20px;"></div>
_____	_____	\$ _____	<div style="border: 1px solid black; height: 20px;"></div>
_____	_____	\$ _____	<div style="border: 1px solid black; height: 20px;"></div>

SPECIAL INSTRUCTIONS:

MUST HAVE AT LEAST (1) ACCOUNT NUMBER LISTED FOR PROCESSING

PERCENTAGE OF COST ATTRIBUTED TO LOBBYING: (enter zero if zero)

REQUESTED BY: _____

DEPARTMENT SUPERVISOR: _____

*SECOND SIGNATURE FOR PAYMENTS OVER \$5000: _____