Payment Request Form

PAYEE NAME

STREET ADDRESS

CITY/PROVIDENCE | STATE | POSTAL CODE | COUNTRY

IN THE AMOUNT OF _____ CURRENCY USD $ BANK ACCOUNT Operating

OTHER BANK ACCOUNT NAME _____

REASON FOR REQUEST/JUSTIFICATION/CONTRACT TERM (If applicable) - Ensure sufficient information is supplied or request could be rejected.

INV#: _____ DESCRIPTION:

INV DATE: _____

DATE OF REQUEST

TYPE OF PAYMENT: ACH

REQUESTED BY

SERVICE/GOODS STATUS: Service Received

BUDGET MEMO/CONTRACT DATE (If applicable)

CONTRACT NUMBER | CONTRACT/BM AMOUNT | CONTRACT/BM BALANCE *(after this payment)*

BENEFICIARY BANK NAME & ADDRESS *(Wire & ACH Transfer Only)*

ACCOUNT NUMBER | TARGET/INTERMEDIARY BANK

ABA/SWIFT # _____ IBAN # _____

PRINTED NAME AND SIGNATURE REQUIRED BELOW

MANAGER | DATE

DIRECTOR/SENIOR DIRECTOR | DATE

VICE PRESIDENT | DATE

PRESIDENT/CEO/EVP/COS/COO | DATE

ACCOUNTING USE ONLY

VENDOR CODE

G/L CODE

EVENT ID

VOUCHER #

☐ MINORITY VENDOR ☐ CONFLICT OF INTEREST ☐ 1099 VENDOR