



# PAYMENT REQUEST FORM

Make Payment to: \_\_\_\_\_

Address: \_\_\_\_\_

Amount: \_\_\_\_\_ Date Payment Needed: \_\_\_\_\_

Distribution of Payment:  Mail to Above Address  
 Put in Office Box  
 Other \_\_\_\_\_

Purpose of Payment (Be specific - Complete all applicable information):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Receipts Attached:  Yes  No If not, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Person placing request: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Authorized Approval Agent \_\_\_\_\_ Date: \_\_\_\_\_

**For Accounting Use Only:**

Amount Check # \_\_\_\_\_

Account Category /Cost Center  
\_\_\_\_\_  
\_\_\_\_\_

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FinanceApproval

Date:

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