

Payment Request Form

Payment Information:

EFT: _____ Check: _____ Wire Transfer: _____ Credit Card: _____
Company #: _____ Date Submitted: _____
Location #: _____ Date Needed: _____
Payment Amount: \$ _____ Return Check To: _____

Payee Information:

Payee Name: _____ Vendor #: _____
Street/P.O. Box: _____
City, State, Zip: _____

GL Distribution:

Account # _____ Amount: \$ _____
Account # _____ Amount: \$ _____
Account # _____ Amount: \$ _____
Account # _____ Amount: \$ _____

Payment Authorization:

Reason For Payment: _____

Person Requesting Payment _____
Name Signature

Authorized By: _____
Name Signature

For Office Use Only: