

PAYMENT REQUEST FORM

Your Company Name • 100 Main Street, Suite 1A • Aurora, IL 60507 • Phone: 800-264-2330 • Fax: 800-264-2331

1. Payee Information	Payee		Date:	
	Address 1		Date Required:	
	Address 2		Tax I.D. No.	
	City	State		
	Phone	Email		
	Is the payee an employee?	Gross up amount?		

2. Reason & Delivery	Reason for Expenditure:
	Payment method: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Corporate Credit Card <input type="checkbox"/> Wire/EFT (attach instructions) <input type="checkbox"/> Other
Check distribution instructions:	

3. Account Coding	Acct Code	Project/Dept	Description	Amount
				\$
				\$
				\$
				\$
				\$
				\$
			TOTAL	\$

4. Approvals	Executive Officer:		Date:
	Print Name:	Signature:	
	Department Manager:		Date:
	Print Name:	Signature:	

I hereby certify that all information provided on this form is true and correct to the best of my knowledge.

Prepared By:	Date:
Location:	Telephone:

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Control No.