



FLEMING

Request For Payment Form

(Form is only to be used for processing payments without invoices)

Completed form to be emailed to accountspayable@flemingcollege.ca

Payable to (Full Legal Name):			
Address:			
Telephone:		E-mail address:	
SIN#:		(required for payment to individuals)	
Purpose of Payment:		<input type="checkbox"/>	<input type="checkbox"/>
Has individual been an employee of Fleming College within the last 12 months?		Yes	No
Requested by:		Date:	
Send Cheque to:		Requested Payment Date:	
Amount Requested: \$		<input type="checkbox"/> CDN	<input type="checkbox"/> USD
Account Number	Department Number	Program	Amount

Requestor's Signature:

Budget Manager Signature:

SMT Member Signature:
(required if greater than \$99,999.99)

Accounting use only: Vendor Number: