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**Request For Payment Form**

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

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| **Payable to (Full Legal Name):** |
| **Address:** |
| **Telephone: e-mail address:**  |
| **SIN# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**required for payment to **individuals**) |
| **Purpose of Payment:** |
| **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: □ CDN □ USD**  |
| **Account Number** | **Department Number** | **Program** | **Amount** |
|  |  |  |  |
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|  |  |  |  |

**Requestor’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Budget Manager Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ELT Member Signature:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(required if greater than $99,999.99)

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| Accounting Use Only |  **Vendor Number:** |