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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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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:** |