

## PAYMENT REQUEST FORM

Please complete this form in full. Incomplete forms will be returned and payment will be delayed.

Please allow two weeks for payments.

**PLEASE NOTE:** This form cannot be used for BC employee salary or payroll payments. Please use this form to submit BC employee reimbursement payments. Check payments will be mailed to the address listed below.

**Date:** \_\_\_\_\_

**Fund/Account Name:** \_\_\_\_\_

**Fund/Account Number:** \_\_\_\_\_

**Name of Department Requesting Funds:** \_\_\_\_\_

**Name of Staff Member Requesting Funds:** \_\_\_\_\_

**Individual/Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Payment Type:** **Check** **ACH Payment** **Wire Transfer**

**Account Name:** \_\_\_\_\_

**Bank ABA Number:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

**SSN or EIN:** \_\_\_\_\_

**Purpose of payment:** \_\_\_\_\_

**Vendor Payments:** please attach a PDF of the original invoice and back-up documentation with this completed form.

**Fund Payments:** please attach a PDF of the program budget and indicate which budget line is related to expense.

Invoice #	Invoice Date	Invoice Amount	Description/Budget Line

**Payment Amount:**

**Authorized Signatories:** I have reviewed the budget and determined that funds are available in the appropriate budget category.

**Dept. Primary Signatory:** \_\_\_\_\_

Print Name: \_\_\_\_\_

Email + Phone: \_\_\_\_\_

**Dept. Secondary Signatory\*:** \_\_\_\_\_

Print Name: \_\_\_\_\_

Email + Phone: \_\_\_\_\_

**\*Payments of \$2,500+ required the signature of the Primary and Secondary signatory.**

**DO NOT WRITE BELOW THIS LINE - FOR FBSC OFFICE USE ONLY**

**FBSC Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_