

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: _____

Address: _____

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:** _____