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PAYMENT REQUEST FORM

Date of Request:		Requ	uested by:	
Vendor Name:				Vendor Number:
Address:				
Payment Amount*:				*•
G/L Account Number*:			G/L Description:	
Division*:			Department*:	
Payment Purpose:				
Payment Type:	ACH	Wire	Check	Payment Date Requested:
Special Instructions	:			

* Required Field

Note: If this is a new vendor, request will not be processed until W-9 and New Vendor Setup form is received by accounting.