



# PAYMENT REQUEST FORM

BUSINESS OFFICE  
(585) 385-8055

PAYEE NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_  
 TAX ID or BANNER ID NUMBER \_\_\_\_\_

*This form cannot be used to request reimbursements for travel or mileage expenses, or for petty cash.*

DATE	DETAILED DESCRIPTION OF BUSINESS PURPOSE	AMOUNT
<b>TOTAL "A" →</b>		

BANNER FOAP	AMOUNT
<b>TOTAL "B" →</b>	

TOTAL "A" must equal TOTAL "B"

REQUESTED PAYMENT DATE \_\_\_\_\_

PLEASE INDICATE ALL THAT APPLY:

CHECK, US MAIL/  
DIRECT DEPOSIT     
  CHECK,  
PICK-UP IN K-217     
  ENCLOSURE TO BE MAILED WITH CHECK  
(PLEASE ATTACH)

*When requesting a reimbursement, your Budget Manager (as the Approver) must sign this request.*

REQUESTOR NAME \_\_\_\_\_ DATE \_\_\_\_\_  
Print

APPROVER NAME \_\_\_\_\_  
Print

APPROVER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE NOTE:** Approximate processing time – 25 business days from date of receipt by the Accounts Payable Department. Improperly completed forms or forms submitted without the appropriate documentation will not be processed and will be returned to the Approver.

## INSTRUCTIONS FOR PAYMENT REQUEST FORM

**NOTE:** *This form cannot be used to request reimbursements for travel or mileage expenses, or for petty cash.*

Please print legibly and complete the entire form. “On File” is not an acceptable response, even if the payee (or vendor) has been used in the past.

### **PAYEE NAME, ADDRESS, and CITY, STATE, ZIP:**

- The payee (or vendor) name **and** complete mailing address **are required**. If there is more than one address for this payee, then indicate the remittance information (where the payment is to be sent).
- If the payee is an individual, the person’s legal name must be provided with middle initial, i.e. William E. Smith (not Bill Smith).

### **TAX ID or BANNER ID NUMBER:**

- If the payee is an individual, then the person’s Tax ID (Social Security Number) **or** Banner ID Number **must** be provided.
- A vendor must complete a W-9 Form if one is not on file in the Business Office. Payment for services will not be processed without the W-9 Form. It is the responsibility of the person requesting payment to make sure that a W-9 Form is on file. Please feel free to call the Business Office (585-385-8055) to verify whether this form is on file.

### **DETAILED DESCRIPTION OF BUSINESS PURPOSE and AMOUNT:**

- Complete and attach all documentation necessary to support payment for the items listed. Receipts clearly indicating the purchase **must** be provided.
- Food **or** meal receipts **must** include the **purpose** for the food and **names** of all in attendance.
- New York State Tax **will not** be reimbursed. Contact the Business Office for a copy of the College's Tax Exempt Certificate.

### **BANNER FOAP and AMOUNT:**

- Provide complete FOAP (Fund, Org, Account, and Program) to be charged for the total amount listed. If more than one FOAP is appropriate, then individually list each complete FOAP and the amount to be charged.

### **REQUESTED PAYMENT DATE:**

- Provide a date by which payment is needed, if applicable.

### **PAYMENT:**

- Indicate whether the payment is to be mailed or held for someone to pick-up at the Business Office in Kearney 217.
- If an enclosure needs to go with the payment, please indicate by checking the box and attaching the documentation to this form.

### **REQUESTOR NAME and DATE:**

- The person requesting the payment must print their name and date the form.

### **APPROVER NAME, SIGNATURE, and DATE:**

- The Budget Manager must print their name, sign, and date the form indicating their approval of this payment.
- An individual cannot request **and** approve payment for personal reimbursement. Therefore, a payment to a Budget Manager requires their Supervisor’s approval. The Payee **and** the Approver cannot be the same person.

**Please allow adequate processing time for this payment. Incomplete forms will add to the time required to meet your request.**