

## PAYMENT REQUEST FORM

A Payment Request Form may be used if all of the following conditions exist:

- Submitted to Accounts Payable within 5 working days of receiving the invoice;
- The payment cannot be made using a Purchase Card;
- A Purchase Order (PO) will not be required for the purchase;
- There is an approved Budget or an approved Budget Variance Approval Form; and
- The payment request is for less than \$1,000 or for a series of approved fiscal year payments.
- The payment request form may also be used if there is not an invoice, but there is alternate, sufficient support for the payment in the following situations: Donation to a Registered Charity; Royalties; Grants or Refunds.

**Note: Do not use this form for non-compliant invoices pertaining to contracts. See B300 10PR Payment Procedure for further instructions.**

CODING	REQUEST TYPE
PAYEE NAME: ADDRESS: CITY: POSTAL CODE: PROVINCE: COUNTRY: CURRENCY OF PAYMENT: <input type="checkbox"/> CAD <input type="checkbox"/> USD <input type="checkbox"/> Other Currency - Specify:  *attach Wire Transfer Customer Bank Information if Other Currency  GL CODE: ALIAS: AMOUNT (exclude GST): GST: TOTAL AMOUNT:	INVOICE PAYMENTS: <input type="checkbox"/> Fiscal Year Payments <input type="checkbox"/> Payment Request less than \$1,000  PAYMENTS WITHOUT AN INVOICE: <input type="checkbox"/> Donation CRA Registered Charity Number: <input type="checkbox"/> Royalty: SIN, ITN or Foreign Tax Number: % Rate of Withholding: <input type="checkbox"/> Grant <input type="checkbox"/> Refund or Other  Describe Refund or other: _____ _____ _____ _____

<b>ADDITIONAL COMMENTS:</b>
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<b>AUTHORIZATION</b>
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\_\_\_\_\_  
Budget Owner Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Budget Owner Signature

\_\_\_\_\_  
One-over-one Approver Name (if required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
One-over-one Approver Signature (if required)

\_\_\_\_\_  
Senior Accountant, Reporting & Budgeting Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Senior Accountant, Reporting & Budgeting Signature

