



## Ad Hoc Payment Request

### Header Section:

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

Contact Person: \_\_\_\_\_

Total Amount: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Payment Type: \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

Payment Due Date: \_\_\_\_\_

Payment Description: \_\_\_\_\_

Handling Code: \_\_\_\_\_

### Lines Section:

				Driver Worktag
Payee	Payee Address	Amount	Spend Category	

### Additional Information Section:

Description/Special Instructions

**IF THE PAYEE IS A NEW CONTINGENT WORKER, A COMPLETED W-9 FORM MUST BE OBTAINED FROM THE PAYEE AND INCLUDED WHEN SUBMITTING THIS FORM.**

### Approvals Section:

Requestor Signature: \_\_\_\_\_  
Date

ORSP Signature: \_\_\_\_\_  
(Obtain ORSP Signature, when using a Grant Worktag)

Budgetary Head Signature: \_\_\_\_\_  
Date