



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

NEW PAYEES MUST COMPLETE A W-9 FORM AND INCLUDED IT WHEN SUBMITTING THIS FORM

Approvals Section:

Requestor Signature: _____
Date

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

Budgetary Head Signature: _____
Date