

REQUEST FOR PAYMENT

Attach receipts.

			Date			
Payable to	<u>\$</u>					
Address						
			Email Address			
Is the payee an Earlham College employee?			Yes	No	ID #	
Is the payee an Earlham College employee? Is the payee an Earlham College student?			Yes	No	ID#	
Additional Payment		_				
Account Number	Amount	Descri	ption			

Total To Be Paid:	\$ Check or Paymerang enrolled	(Accounting use)
Approved by:		

Print ______Signature _____

For employee reimbursements:

- State the business purpose of the expense and attach all receipts, including itemized meal receipts and names of individuals who ate the meal
- > For mileage, attach calculation of miles driven times current EC rate
- ➢ Form must be signed by your supervisor

For honorarium payments, please include completed W-9 and Non-Resident Alien Form