

Earlham College
REQUEST FOR PAYMENT
 Without an Invoice

Date _____

Payable to _____ \$ _____

Address _____

Phone No. _____ Email Address _____

Is the payee a US Citizen or Permanent US Resident? Yes _____ No _____

➤ If No, you must have prior approval from Accounting before promising to pay this individual.

Is the payee an Earlham College employee? Yes _____ No _____

Is the payee an Earlham College student? Yes _____ No _____

Additional Payment Instructions _____

Account Number	Amount	Description

Total To Be Paid: \$ _____

Approved by:

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