Earlham College

REQUEST FOR PAYMENT

Without an Invoice

Date_____

Payable to_____ **$**0.00

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 x

Additional Payment Instructions_____
_____

Account Number	Amount	Description
	0.00	
	0.00	
	0.00	
	0.00	
	0.00	
	0.00	

Total To Be Paid: $0.00

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