

REQUEST FOR PAYMENT

Attach receipts.

			Date			
Payable to				<u>\$</u>		
Address						
Phone No			Email Address			
Is the payee an Earlham College employee? Is the payee an Earlham College student?			Yes Yes	No No	ID#_	
Is the payee a US C → If No, you <u>m</u> individual. Additional Payment	<u>ust</u> have prior	r approval	from Acc	counting be	fore promi	ising to pay this
Account Number	Amount	Descri	ption			
Total To Be Paid:	\$	Check of	r Paymo	erang enr	olled	(Accounting use)

Total To Be Paid:	\$ Check or Paymerang enrolled	l(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