



## *Agency Account*

### *Payment Request Procedures*

1. A Payment Request Form must be completed for all Disbursements from agency accounts. *A separate request form must be completed for each check to be issued.*
  - a. Enter Account number and name at top of form
  - b. Indicate to whom check should be made payable. This should match supporting documentation.
  - c. Specify delivery information
  - d. Enter amount of check
  - e. Please enter any notes or comments concerning this transaction. If this is a service being provided by an individual or an unincorporated business, please indicate date of service, SS# or Tax ID# for tax purposes.
2. All Payment requests must be accompanied by an invoice, receipt and/or written documentation.
3. Two signatures are required for all transactions.
  - a. The Agency Account Manager or the assigned alternate of record

*AND*

  - b. The Agency Account Manager's Supervisor or Chair or Dean or Vice President of record

*Only signatures authorized on the Agency Account Application will be honored.*
4. Forms should be submitted to the OAS Controller, Hunt College Union for processing.
5. Once OAS receives the completed payment request form, a minimum of 2 business days is necessary for check processing.
6. All payment requests must be for valid, allowable expenses as outlined in the Agency Account Application guidelines.

OAS USE ONLY  
Check # \_\_\_\_\_  
Check Date \_\_\_\_\_



***Agency Account***  
***Payment Request***

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**Account #** \_\_\_\_\_ **Account Name** \_\_\_\_\_

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Please make check payable to: \_\_\_\_\_  
Tax ID# (where applicable): \_\_\_\_\_  
Send/Deliver Check to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
Amount: \_\_\_\_\_

**\*\* Payment request must be accompanied by an invoice, receipt and/or written documentation.\*\***

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**Notes or Comments:**

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**Certification: I certify that this is a valid, allowable expense and that I maintain proper documentation for this account:**

\_\_\_\_\_  
**Account Manager or Assigned Alternate**      **Supervisor/Chair/Dean/VicePresident**

**\*\* Two (2) signatures required for all transactions\*\***

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**\* OAS USE ONLY \***

Date Rec'd: \_\_\_\_\_ Date Vouchered: \_\_\_\_\_ Processed by: \_\_\_\_\_