HOBART
AND
WILLIAM SMITH
COLLEGES

REQUEST FOR PAYMENT

Due Date _____

Payee _____
Address _____

_____

_____

Social Security No. _____

Acct-Fund-Dept-Program	Description	Amount
- - -		
- - -		
- - -		
- - -		
- - -		
- - -		
- - -		
- - -		
	Total	$0.00

Special Handling Instructions _____

_____

Authorized Signature _____ **Approval Date** _____

- Completion of Acct-Fund-Dept-Program information above in their entirety is required for processing.
- Receipts or other original supporting documentation should be attached to this form.
- When using this form for entertainment reimbursement, include participants, their affiliation and the purpose of the entertainment.
- Checks are processed once a week for distribution on Friday.
- Requests for payment must be received in the accounts payable department by noon on Tuesday to be processed for payment on the following Friday (exceptions at holidays will be publicized).
- All checks for the Colleges' employees will be sent through intercampus mail. All other checks will be mailed to the vendor address. If special handling is required, please indicate the name and department to which the check is to be returned in the special handling instructions of the form.
- If copies of supporting documentation are to be included with the mailed check, we request that the copies be provided for insertion.
- For payment of all honorariums, complete name, home address and social security number of payee must be provided. A distinction must be made between travel expenses incurred by the honoree (with attached receipts) and the actual fee for the service provided (attach a completed Form W-9).