**Payment Request Form**

Date of request: \_\_\_\_\_\_\_\_\_\_\_\_

Date payment is needed: \_\_\_\_\_\_\_\_\_\_\_\_

*Payments are made weekly. Please make arrangements if payment is needed sooner.* Person requesting payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount (total) of payment: \_\_\_\_\_\_\_\_\_\_\_\_

Please make sure receipts/invoices are attached as well as type of payment. (check, cc)

Purpose/Description: Lunch, office supplies…

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Make payment payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Give or mail payment to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expense to:

* Client: Name/Matter #\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_
* Firm
* Reimbursement: Name/Matter # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment request approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charge to:

* Operating
* IOLTA

\*All disbursements or reimbursements must be authorized by the Firm Administrator.

Check/payment date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check #: \_\_\_\_\_\_\_\_\_\_\_