A Payment Request Form may be used if all of the following conditions exist:

- Submitted to Accounts Payable within 5 working days of receiving the invoice;
- The payment cannot be made using a Purchase Card;
- A Purchase Order (PO) will not be required for the purchase;
- There is an approved Budget or an approved Budget Variance Approval Form; and
- The payment request is for less than $1,000 or for a series of approved fiscal year payments.
- The payment request form may also be used if there is not an invoice, but there is alternate, sufficient support for the payment in the following situations: Donation to a Registered Charity; Royalties; Grants or Refunds.

Note: Do not use this form for non-compliant invoices pertaining to contracts. See B300 – 10PR Payment Procedure for further instructions.

**CODING**

<table>
<thead>
<tr>
<th>PAYEE NAME</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>POSTAL CODE</th>
<th>PROVINCE/STATE</th>
<th>COUNTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

| CURRENCY OF PAYMENT: |
| CAD ☐ | USD ☐ | OTHER CURRENCY—SPECIFY* |
| ☐ | | |

*attach Wire Transfer Customer Bank Information if Other Currency

<table>
<thead>
<tr>
<th>GL ACCOUNT</th>
<th>SPEED CODE</th>
<th>AMOUNT (excl GST)</th>
<th>GST</th>
<th>TOTAL AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**REQUEST TYPE**

**Invoice Payments:**
- Fiscal year payments ☐
- Payment Request less than $1,000 ☐

**Payments Without an Invoice:**
- Donation ☐
- CRA Registered Charity Number
- Royalty ☐
- SIN, ITN or Foreign Tax Number
- % Rate of Withholding
- Grant ☐
- Refund or Other ☐
- Describe Refund or Other

**ADDITIONAL COMMENTS**

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

**AUTHORIZATION**

Budget Owner Name                      Date                      Budget Owner Signature

One-over-one Approver Name (If required) Date                      One-over-one Approver Signature (If required)

Senior Accountant, Reporting & Budgeting Name Date                      Senior Accountant, Reporting & Budgeting Signature