

B300-7FORM Payment Request

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	REQUEST TYPE
<p>PAYEE NAME _____</p> <p>ADDRESS _____</p> <p>CITY _____</p> <p>POSTAL CODE _____</p> <p>PROVINCE/STATE _____</p> <p>COUNTRY _____</p> <p>CURRENCY OF PAYMENT: CAD <input type="checkbox"/> USD <input type="checkbox"/> OTHER CURRENCY–SPECIFY* <input type="checkbox"/> _____</p> <p><small>*attach Wire Transfer Customer Bank Information if Other Currency</small></p> <p>GL ACCOUNT _____</p> <p>SPEED CODE _____</p> <p>AMOUNT (excl GST) _____</p> <p>GST _____</p> <p>TOTAL AMOUNT _____</p>	<p>Invoice Payments:</p> <p>Fiscal year payments <input type="checkbox"/></p> <p>Payment Request less than \$1,000 <input type="checkbox"/></p> <p>Payments Without an Invoice:</p> <p>Donation <input type="checkbox"/></p> <p>CRA Registered Charity Number _____</p> <p>Royalty <input type="checkbox"/></p> <p>SIN, ITN or Foreign Tax Number _____</p> <p>% Rate of Withholding _____</p> <p>Grant <input type="checkbox"/></p> <p>Refund or Other <input type="checkbox"/></p> <p>Describe Refund or Other _____</p> <p>_____</p> <p>_____</p>

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