

CLAREMONT COLLEGES AD HOC PAYMENT FORM

College: _____

Payee Name: _____

Payee Type: Employee Student Other Ad Hoc Payee

Payee Address: _____
(Street Address)

(Street Address)

(City) (State) (Postal Code)

Payment Method: Check ACH/Wire Transfer Hold for Pickup - Available for Check Payments Only

If Payment by ACH:

(Bank Name)	(Routing Number)	(Account Number)
(Account Name)	(Bank Address, City, State, Postal Code)	

Business Purpose: _____

If Travel

Reimbursement: _____
(Destination) (Date of Departure) (Date of Return)

Prepared By _____ Extension _____ Approved By _____ Date _____

_____ Print Name

Worktags						
Optional	Required			Required		
Invoice Number	Date	Amount	Program:	Project:	Gift:	Grant:
			Cost Ctr:	Fund:	Spend Category:	
TOTAL						

Less: Travel Advance Received

(If travel advance previously received is greater than total receipts, please attach a personal check to reimburse the Organization)

TOTAL PAYMENT

ATTACH INVOICES, RECEIPTS, or DOCUMENTATION