

<u>For Accounting Use Only:</u>			
Invoice Posted	Invoice Paid	Check#/ EFT & Date:	Check Void/ Reissue:

FY24 Payment Request Sheet

CFC Staff MUST Read & Complete:

(Please combine invoice and/or another document with this payment request form.)

Incomplete request may be denied, delayed, and need a re-do)

Note: New Vendor set up will need a W-9 form

Please Select one or two of the box below:

Check Payment Request?	Urgent Request?	Return to?	Stop/ Void/ Reissue Request?
Check Refund Request?	EFT Refund Request?	Reimbursement Request (Staff Medical/Tuition/ Birth Mom Living Expense)?	

Payable Address:

4 Digit GL Code:	Location (AZ111, AZ131, AZ141, AZ211, AZ231, AZ311)	Department	% or Amount applied
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Purpose of Payment / Other Comments / other Job Codes (if applicable):

Grand Total to be Paid \$

Supplies or Services Requested by, please sign?

Respite Only Check Request under \$1000 must approve by supervisor or director, please sign:

Invoice under \$1000 must approve by director, please sign:

Invoice over \$1,000.01 - \$4,999.99 the requester **must email Tim K. & proper VP for approval**, please sign:

Invoice over \$5000 Requester send for Mark U. approval, please sign:

Attached Supportive Document?

****ALL proper information and signatures must be on the form before you send to accounting@cfcare.org**

Note: All signed files must be returned by **Wed, Check run every Thursday morning. ****