CLAREMONT COLLEGES AD HOC PAYMENT FORM

College:										
Payee Name:										
Payee Type: Payee Address:	Employee Student Other Ad Hoc Payee									
Tayle Address.	(Street Address)									
	(Street Address)									
	(City)		(State)		(Postal Cod	e)	_			
Payment Method:	C	Check	ACH/Wire	e Transfer	Ho	ld for Pickup	- Available for	Check Pay	ments Only	
If Payment by ACH:	(Bank Name	;)	(Routing Nu	mber)		(Account	(Account Number)			
	(Account Na	ame)	(Bank Address, City, State, Postal Code)							
Business Purpose:										
If Travel Reimbursement:										
	(Destination)	(Date of Departure) (Date of Return)							
Prepared By	Trepared By Extension Approved By Date									
	Print Name									
							rktags			
Optional	Required			Ol	otional		Required Spend			
Invoice Number	Date	Amount	Program:	Project:	Gift:	Grant:	Cost Ctr:	Fund:		
			-							
			-							
							_			
	TOTAL									
Less: Travel Advance						greater than total	receipts, please	attach a p	ersonal check	
TOTAL PA	YMENT		to reimburse	the Organizati	on)					

ATTACH INVOICES, RECEIPTS, or DOCUMENTATION