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Request for Payment Form

Attn: Accounts Payable

Payable to: _____

Address: _____

Street

City

State/Province

Zip/Postal Code

Country

Amount: \$ _____ **Charge to:** _____
(if available)

Purpose: _____

Instructions: _____

Requested by: _____ **Date Requested:** _____

Approved by: _____ **Date Approved:** _____

Approval Signature: _____

Processing Policies: Request for Payment Form must be approved by the authorized person responsible for the budget item.

For Accounting Use Only

G/L Account#: _____

Date Paid: _____

Check#: _____

Check Amount: _____