
Vendor Payment Request Form

Vendor Information:

- Vendor Name: _____
- Vendor ID: _____
- Address: _____
- Phone Number: _____
- Email: _____

Payment Information:

- Invoice Number: _____
- Invoice Date: _____
- PO Number (if applicable): _____
- Payment Due Date: _____

Payment Details:

Description of Goods/Services	Quantity	Unit Cost	Total Cost
Subtotal			

Tax			
Other Charges			
Total Amount Due			

Bank Information for Payment:

- **Bank Name:** _____
- **Account Name:** _____
- **Account Number:** _____
- **Routing Number:** _____

Approval:

- **Requested by:** _____
- **Department:** _____
- **Date:** _____
- **Approved by:** _____
- **Position:** _____
- **Date:** _____

Notes/Additional Information:

Submit to: (Accounts Payable or specific department/person)

Office Use Only:

- **Received by:** _____
- **Date:** _____
- **Payment Processed by:** _____
- **Date:** _____
- **Check Number:** _____