

**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

Optional	Required	
Invoice Number	Date	Amount
TOTAL		

Worktags						
Optional				Required		
Program:	Project:	Gift:	Grant:	Cost Ctr:	Fund:	Spend Category:

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