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