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/Wire:

_____ _____ _____
(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

			Worktags						
Optional	Required		Optional				Required		
Invoice Number	Date	Amount	Program:	Project:	Gift:	Grant:	Cost Ctr:	Fund:	Spend Category:
	TOTAL	-							

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