

ARDMORE ENTERPRISES, INC.

**Please Print or Type
DATE**

REQUEST FOR PAYMENT

Payee
Address
City, State, Zip

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MO DAY YR

DATE RECEIVED IN ACCOUNTING _____

DEPARTMENT NAME

TOTAL AMOUNT	
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FOR ACCOUNTING USE ONLY	-----> VENDOR CODE						
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() INVOICE ATTACHED
() NO INVOICE, STATE PURPOSE BELOW
INVOICE # _____

BATCH # _____
USE RED INK

ACCOUNT CODE	DEPT	CHART OF ACCOUNTS DESCRIPTION	EXPLANATION	AMOUNT
TOTAL				

FOR ACCOUNTING USE ONLY
“USE RED INK”
VERIFIED BY _____
DATE PAID _____
CHECK # _____
AUDITED BY _____

- () REMIT DIRECTLY TO PAYEE
- () RETURN CHECK TO: _____

<u>SPECIAL MAILING INSTRUCTIONS:</u>
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PREPARED BY: _____

DATE: _____

APPROVED BY: _____

DIRECTOR OR CEO

Note: All invoices should have the approval of the CEO unless they are monthly/recurring invoices such as an electric or water bill.