

Inter-Agency Payment Request Form

For inter-agency/member institution Automated Clearing House (ACH)/Electronic Fund Transfer (EFT) payments only.



Pay From (Name):

Prepared by

Contact Number

Date of Request

*Amount \$

*GL Account (5 digits)

*Department

*Fund Cat (3 digits)

*Function (3 digits)

**PC Bus Unit (5 characters)

**Project (6 characters)

**Activity (3 digits)

*Fund (6 digits)

Program (4 digits)

Purpose (5 digits)

Site

* Required ** Also required if ProjID

Purpose of the Transaction

Approval Signature (Fund Holder) _____ Print Name _____ Date _____

Pay To (Name):

*Amount \$

*GL Account (5 digits)

*Department

*Fund Cat (3 digits)

*Function (3 digits)

**PC Bus Unit (5 characters)

**Project (6 characters)

**Activity (3 digits)

*Fund (6 digits)

Program (4 digits)

Purpose (5 digits)

Site

* Required ** Also required if ProjID