



Bates Technical College Foundation  
Request for Payment

All requests for payment must be signed by your immediate supervisor before submission to the foundation office. Original receipts must be attached. Copies not accepted.

Check Payee: \_\_\_\_\_

Check Amount: \$ \_\_\_\_\_

Send check to vendor

Hold for Pick Up

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Check Requestor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**This payment is for:**

Goods and services which have already been received.

An advance payment, which is described below.

Reason: \_\_\_\_\_

Charge to the following foundation fund name/number: \_\_\_\_\_

Function (*leave blank for foundation use*): \_\_\_\_\_

**Immediate supervisor's approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Foundation approval: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_