

REQUEST FOR PAYMENT FORM

Date Rec'd: _____

Payable To: _____ **Due Date:** _____ **Amount:** _____

For: Head Office
 District Council District Council: _____ Avail Bal: _____

Invoice No: _____ **Invoice Date:** _____ **Payment Due:** _____

Details of Payment: _____

GL Code	Cost Centre	GST Code	Amount \$
GL Code	Cost Centre	GST Code	Amount \$
GL Code	Cost Centre	GST Code	Amount \$
GL Code	Cost Centre	GST Code	Amount \$
GL Code	Cost Centre	GST Code	Amount \$
GL Code	Cost Centre	GST Code	Amount \$

Authorised By: _____ **Signed:** _____

Method of Payment:

- Cheque - EFT - B-pay

Date of Payment: _____

Payment Reference: _____

All transactions with GL Codes 0000-1999 (income/expense) must be allocated to a cost centre IALB01 - 9WIP01
 All transactions with GL Codes 6000-9999 (balance sheet) are not allocated to cost centres