

Archdiocese of Indianapolis - Payment Request Form

GENERAL INFORMATION
(1) Entity: Archdiocese MTCA / NDAA CCI CCB CCTC
(2) Department Requesting Payment:

VENDOR INFORMATION
(3) Vendor Number: or New Vendor?
(4) Vendor Name and Remittance Address:
(5) Remittance Address Change?

INVOICE INFORMATION (only one invoice per check request)															
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%; padding: 5px;">(6) Account / Distribution (XXX-XXX-XXX-XXXXX)</th> <th style="width: 30%; padding: 5px;">Amount(s)</th> </tr> </thead> <tbody> <tr><td style="border-top: 1px dotted black;"> </td><td style="border-top: 1px dotted black;"> </td></tr> <tr><td style="border-top: 1px dotted black;"> </td><td style="border-top: 1px dotted black;"> </td></tr> <tr><td style="border-top: 1px dotted black;"> </td><td style="border-top: 1px dotted black;"> </td></tr> <tr><td style="border-top: 1px dotted black;"> </td><td style="border-top: 1px dotted black;"> </td></tr> <tr><td style="border-top: 1px dotted black;"> </td><td style="border-top: 1px dotted black;"> </td></tr> <tr> <td style="border-top: 1px dotted black; text-align: right;">Total Amount</td> <td style="border-top: 1px dotted black;"> </td> </tr> </tbody> </table>	(6) Account / Distribution (XXX-XXX-XXX-XXXXX)	Amount(s)											Total Amount		(7) Cost Description: (8) Invoice #: (9) Invoice Date: (10) Accounting Month: (11) Additional Ref # (if applicable):
(6) Account / Distribution (XXX-XXX-XXX-XXXXX)	Amount(s)														
Total Amount															

PROJECT INFORMATION (IF APPLICABLE)		
(12a) Project #:	(12b) Project Name:	(12c) Amount:

PAYMENT INFORMATION	
(13) Type of Payment: Check ACH Internal Paper Transfer	(14) Payment instructions (checks only): Mail check only Mail check w/copy of invoice (provide extra copy of invoice) OAS Pickup (provide name of person picking up):
(15) Special Notes / Instructions (if applicable): 	

An Accounts Payable Resource Guide, including the full set of Payment Request Instructions, can be found at: www.archindy.org/finance on the Policies and Forms tab.
 Questions? Contact us at accountingservices@archindy.org or 317-236-1410.

SIGNATURES AND APPROVALS	
(16) Payment Request Preparer Name: Signature: _____ Date: _____	(17) Payment Request Approver Name: Signature: _____ Date: _____