



## Payment Request Form

Fund Name: \_\_\_\_\_

Requests the following payment:

Pay To: \_\_\_\_\_

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

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

Supporting Documentation Attached?  Yes  No

*i.e. receipt, invoice, statement*

W-9 Attached or On File at CFO?  Yes  No

*Required on all payments for services*

For: \_\_\_\_\_  
\_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Phone Number

**\*Payment requests must be received by 3pm on Monday to have a check issued on the following Thursday.**

If you have questions or concerns, please contact Erika Warren at [ewarren@cfok.org](mailto:ewarren@cfok.org) or call (405)488-1450.

Form Revised January 2023