

**MANUAL PAYMENT REQUEST FORM – ONE OFF PAYMENTS ONLY**

**Please ensure this form is completed in full and submitted as a hard copy to Accounts Payables team. Retain a copy for your records.**

**THIS FORM MUST BE COMPLETED IN TYPED FORMAT NOT HAND WRITTEN**

|  |  |
| --- | --- |
| **From:****Department:** |  |
| **Tel:** |  **To: Accounts Payable** **Finance Office** |
| **Email:** |  |
| **Date:** |  |

Name of Payee

Address of Payee­­­­­­

Email address

Payee Bank Details­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ – Sort Code Account Number

Bank name and address­­­­­­­­­­­­­­­­­\_

Reason for payment

Payment Amount:

The account to be charged is:

Company\_\_\_\_\_\_\_\_\_\_ Analysis\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost centre

Activity Source of Funds

Date: --------------------------

**PLEASE ENSURE YOU HAVE ATTACHED SUPPORTING DOCUMENTATION**