

**OFFICE OF BUSINESS SERVICES**

**ACCOUNTS PAYABLE**

**CHECK REQUEST DIRECT PAYMENT FORM**

Send completed forms with **required supporting documentation** to [accountspayable@montgomerycollege.edu](mailto:accountspayable@montgomerycollege.edu)

**Do not use this form for amounts greater than \$2,499.** To request payments in excess of \$2,499, submit a completed requisition to the Office of Procurement.

Use this form for payments (*not more than \$2,499*) to Vendors/Independent Contractors or Employee/Student/Volunteer Reimbursements for the following types of expenses:

- Memberships (1 year only)
- Subscriptions (1 year only)
- Non-EAP Conferences/Registrations
- Honorariums

Please allow 15 days from submission of an approved form for the payment to arrive.

**Vendor & Independent Contractor Payments**

Must have attached:

- Original invoice/receipts
- W-9 form (If this is the 1st time MC is making payment to the vendor)
- If making payment to an independent contractor, the contract must be attached

PAYABLE To: \_\_\_\_\_ Date: \_\_\_\_\_

Vendor FEIN# or Independent Contractor Social Security # \_\_\_\_\_ (Required Field)

ADDRESS LINE 1 \_\_\_\_\_

ADDRESS LINE 2 \_\_\_\_\_

ADDRESS LINE 3 \_\_\_\_\_

CITY, STATE \_\_\_\_\_ Zip code \_\_\_\_\_

CHECK AMOUNT: \_\_\_\_\_

**Employee/Student/Volunteer Reimbursement Payments**

Must have attached:

- Original invoice/receipts

PAYABLE To: \_\_\_\_\_ Date: \_\_\_\_\_

Payment is to a  EMPLOYEE  STUDENT  VOLUNTEER

M # \_\_\_\_\_ (Required Field)

ADDRESS LINE 1 \_\_\_\_\_

ADDRESS LINE 2 \_\_\_\_\_

ADDRESS LINE 3 \_\_\_\_\_

CITY, STATE \_\_\_\_\_ Zip code \_\_\_\_\_

CHECK AMOUNT: \_\_\_\_\_

**PURPOSE/JUSTIFICATION:**

FUND	ORGANIZATION	ACCOUNT	PROGRAM	AMOUNT

**SPECIAL INSTRUCTIONS:**

The Check will be mailed to the payable vendor or individual unless one box is checked and contact information is provided.

Contact \_\_\_\_\_ Phone # \_\_\_\_\_

- Mail Check to department    
  Hold Check for pickup    
  Include Attachments with Check

REQUESTOR NAME \_\_\_\_\_

EXT. \_\_\_\_\_

ACCOUNT MANAGER (print name) \_\_\_\_\_

DEPARTMENT NAME (please print) \_\_\_\_\_

SUPERVISOR APPROVAL \_\_\_\_\_

ACCOUNT MANAGER SIGNATURE \_\_\_\_\_