

Payment Request

REFER TO FINANCE WEBSITE FOR INFORMATION ON ALLOWANCES, POLICIES AND PROCEDURES

Payee: (Full name must be supplied)

Payee Address:

E-Mail Address:

Student No: (If Applicable)

Employee No: (If Applicable)

General Description:

Payment Details

Account Code				Currency	Amount	GST
(5 digits)	(4 digits)	(10 digits)	(5 digits)	(If not NZ\$)		Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
				Itemised Description		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
				Itemised Description		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
				Itemised Description		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
				Itemised Description		
TOTAL					<input type="text"/>	
Less Advance Taken					<input type="text"/>	
Amount Payable / Amount Owing					<input type="text"/>	

Payment Instructions (Payment will be made to your bank account, unless otherwise approved by Finance)

Payroll Bank A/C Yes ☐ **or** Other Bank Account Details:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If this is your first payment please attach a deposit slip or verification from your bank of your account number.

If this is a foreign payment to be sent by wire or TT then you must complete the TT/Wire Details Form

Authorisation

I certify that to the best of my knowledge and belief this claim is true and correct. I have not claimed these expenses in any other form or claimed a grant-in-aid or study grant in relation to these expenses. I have complied with all University policy, Department instruction and Employment agreements.

Signature of Claimant

Date Authorised

I certify to the best of my knowledge and belief this payment request is correct and within my delegation to approve.

Signature of Approving Manager

Date Authorised

Department: