

Date _____ Enter HCOM Req # _____

PAYMENT REQUEST ENCLOSURE REQUEST FORM

Please use this form when an enclosure must accompany a vendor payment and to alert AP to any special instructions.

An enclosure is only appropriate when no documentation is provided by the vendor/payee to identify the payment (*e.g., subscription applications, registration forms for conferences, utility payments*).

TO INCLUDE AN ENCLOSURE WITH A CHECK:

- ALL THE REQUIRED INFORMATION FOR SUBSCRIPTION APPLICATIONS, REGISTRATION FORMS FOR CONFERENCES, ETC. MUST BE COMPLETED BY THE LOCAL UNIT.
- THE ORIGINAL AND A COPY OF ENCLOSURE MUST BE STAPLED TO THIS FORM

(Note: One accompanies the check and one stays within AP for imaging.)

MUST BE COMPLETED BY THE LOCAL UNIT REQUESTING THE ENCLOSURE:

Person requesting check	_____
Telephone	_____
Email address	_____
Tub	_____
Local Unit	_____

For questions, please contact AP Customer Service 495-8500

Form Revised: 10/05