

PAYCO
PO BOX 6006
Columbus OH 43206
PHONE: 614-297-6420
FAX: 614-737-0518

ADDITIONAL REQUEST FOR FUNDS FORM

DATE _____

CLIENT NAME _____

RETURN PHONE NUMBER _____ RETURN FAX# _____

1. AMOUNT REQUESTED \$ _____

PAYABLE TO _____

CIRCLE ONE: PICK UP *MAIL

*PLEASE PROVIDE MAILING ADDRESS _____

2. AMOUNT REQUESTED \$ _____

PAYABLE TO _____

CIRCLE ONE: PICK UP *MAIL

*PLEASE PROVIDE MAILING ADDRESS _____

PERSON REQUESTING (PLEASE PRINT NAME) _____

SIGNATURE (IF REQUIRED BY PROVIDER) _____

SIGNATURE (IF SECOND SIGNATURE REQUIRED BY PROVIDER) _____

NOTES _____

1. PayCo requires an invoice or cost estimate for all purchases payable to a vendor. Please include them with the request.
2. Request over \$500.00 may require additional approval by PayCo Administration.
3. Reimbursement requests must be accompanied by receipts and may require additional approval. You will be notified if more documentation or substantiation is required.
4. PayCo reserves the right to refuse any request.