

# COMMUNITIES FOUNDATION OF OKLAHOMA

## Payment Request Form

Fund Name:

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Requests the following payment:

Pay To:

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Address:

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Amount:

\$ \_\_\_\_\_

Supporting Documentation Attached?  Yes  No

*i.e. receipt, invoice, statement*

W-9 Attached or On File at CFO?  Yes  No

*Required on all payments for services*

For:

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Special

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Instructions:

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\_\_\_\_\_

Date

\_\_\_\_\_

Authorized Signature

\_\_\_\_\_

Phone Number

**\*Payment requests must be received by 3 p.m. on Monday in order to have a check issued on the following Thursday each week.**

If you have questions or concerns, please contact Erika Warren, Director of Donor Relations and Programs, [ewarren@cfok.org](mailto:ewarren@cfok.org) 405.488.1450

Form Revised 08.20.19