

COMMUNITIES FOUNDATION OF OKLAHOMA

Payment Request Form

Fund Name:

Fund Number:

Requests the following payment:

Pay To:

Address:

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:

Special

Instructions:

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 Randy Macon, COO, rmacon@cfok.org 405.488.1450

Form Revised 04.22.19