



Payment Request Form

Fund Name: _____

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 Fund Advisor Signature

Phone Number

*Payment requests must be received by 12pm on Monday to have a check issued on the following Thursday.
If you have questions or concerns, please contact Kendall Bleakley at kbleakley@cfok.org or call (405) 479-8312.

Form Revised March 2024