



Payment Request Form (Non-Travel)

Complete the OH5 Paymer Submit the completed form	nt Request Form to request reimbu n and receipts/documentation to a	rsement for approved expenditures. ccounting@ohio5.org Date	
Requestor's Name	Email Address		
Payee Name			
Address Line 1			
Address Line 2 City/			
State/Zip			
Account Designation -	CODEX		
Check One:	OH5 Collaborative		
	Grant OH5 - O	ther	
Project / Department /	Account:		
List all receipts/payment	s separately. Please be sure to inc	clude itemized receipts/documentation for each expe	nse listed.
Vendor	Item name	Description/Business Use	Amount \$
		Total Amour	nt
Special Instructions / Co	omments		
Requestor's Signature		OH5 Authorization Signature	
Printed Name	Date	Printed Name	Date