

# **PAYMENT REQUEST FORM**

## **Contribution to Organisation/Group or Skip Request:**

Payment of monies from Ward Funds is requested by:

**Name of Councillor:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone No:** \_\_\_\_\_

For the following organisation/group:

**Name of Organisation/Group:** \_\_\_\_\_

*N.B. Please ensure the name above corresponds **exactly** with the name of the bank account whereby the payment is to be made into.*

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Amount to be paid:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_

**PLEASE SELECT ONE OF THE FOLLOWING:**

**SKIP:**  
**(No of Skips):**

**SIGNAGE:**

**Location & date at which above is to be placed:**

\_\_\_\_\_

\_\_\_\_\_

**Councillors Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use Only:**

Payment Request Form Number: \_\_\_\_\_

Purchase Order No: \_\_\_\_\_