



# The Five Colleges of Ohio

## Payment Request Form (Non-Travel)

Complete the OH5 Payment Request Form for reimbursement for approved expenditures. Submit the completed form and receipts/documentation to [accounting@ohio5.org](mailto:accounting@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 - Other
Project / Department / Account	

List all receipts/payments separately. Please be sure to include an itemized receipt for each expense listed.

Vendor	Item name	Description/Business Use	Amount \$
Total Amount			

Special Instructions / Comments

Requestor's Signature

---

OH5 Authorization Signature

---

Printed Name

Date

Printed Name

Date