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| PAYMENT PROOF REQUEST FORMReturn Form To:[Add additional instructions] |  |

PAYMENT PROOF REQUEST FORM

|  |  |  |
| --- | --- | --- |
| Today’s Date | Vendor Information | Amount |
| [Click to select date] | [Name][Address][City, ST ZIP Code] | [$0.00] |

**Form use instructions:** If you require a proof of payment for a grant reimbursement or other purpose, include this form at the time of invoice payment. Once the invoice has been added to the warrant and the checks processed, BMA will generate a payment proof to be returned to you for your records along with a copy of the check.

**Accounts Payable instructions:**

1) Once the check process is complete, include a copy of the “Vendor Open Payable” report for the vendor and invoice combination.

2) Make a copy of the check to return with this form

Special Instructions

[Add additional instructions]