

AP REQUEST FOR PAYMENT

EMAIL payment request to: [ap@austincf.org](mailto:ap@austincf.org) or  
FAX payment request to: 512-472-4486, ATTN: Accounts Payable or  
Mail payment request to: Accounts Payable  
4315 Guadalupe, Suite 300  
Austin, TX 78751

[For Questions Contact Paula Lange plange@austincf.org](mailto:plange@austincf.org)

Fund Name (or Fund ID) \_\_\_\_\_

Fund Rep Approval \_\_\_\_\_  
Name

Date of Request \_\_\_\_\_

Date(s) of Services Rendered \_\_\_\_\_  
(if applicable) Beginning & ending service date

Payee Name \_\_\_\_\_

Payee Address \_\_\_\_\_

Payee City, State, Zip \_\_\_\_\_

Total amount requested \_\_\_\_\_

Invoice Number \_\_\_\_\_ Description \_\_\_\_\_

If request is for an expense reimbursement, list each receipt here. Total receipts must equal total amount requested.

- receipt # 1 \_\_\_\_\_
- receipt # 2 \_\_\_\_\_
- receipt # 3 \_\_\_\_\_
- receipt # 4 \_\_\_\_\_
- receipt # 5 \_\_\_\_\_
- receipt # 6 \_\_\_\_\_

Total receipts \_\_\_\_\_

Attach receipts and invoices to each corresponding request form in sequence.  
If request is FAXED or emailed - page order is important.

SPECIAL HANDLING

here if mailed to a different address

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address and Street Name  
\_\_\_\_\_  
City, State & Zip Code

here if HELD FOR PICK UP

Requests received by 5:00 pm Thursday afternoon are processed in the following Tuesday's check run.  
Missing or incomplete documentation will cause delays.