CLAREMONT COLLEGES
AD HOC PAYMENT FORM

College: 
Payee Name: 
Payee Type: [ ] Employee [ ] Student [ ] Other Ad Hoc Payee
Payee Address:
(Street Address)
(Street Address)
(City) (State) (Postal Code)

Payment Method:
[ ] Check [ ] ACH/Wire Transfer [ ] Hold for Pick-up - Available for Check Payments Only

If Payment by ACH/Wire:
(Bank Name) (Routing Number) (Account Number)
(Account Name) (Bank Address, City, State, Postal Code)

Business Purpose:

If Travel Reimbursement:
(Destination) (Date of Departure) (Date of Return)

Prepared By 
Extension 
Approved By 
Date 

Print Name 

<table>
<thead>
<tr>
<th>Optional</th>
<th>Required</th>
<th>Worktags</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invoice Number</td>
<td>Date</td>
<td>Amount</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL - 
Less: Travel Advance Received 
(If travel advance previously received is greater than total receipts, please attach a personal check to reimburse the Organization)

TOTAL PAYMENT - 

ATTACH INVOICES, RECEIPTS, or DOCUMENTATION