

# Request for Payment

*This form is used to request Accounts Payable to make a payment when an invoice does not exist.  
 There is a special form for Donation/Sponsorship/Grants & Subsidies.*

### IMPORTANT NOTICE

Western Downs Regional Council is collecting personal information you supply on this form in accordance with *Local Government Act 2009*. The personal information collected on this form will be used to process payment request. Your personal information will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless required by law. Your personal information is handled in accordance with the *Information Privacy Act 2009*.



### Customer Details

Name:			
Is Creditor in system:	<input type="checkbox"/> Yes Please provide Creditor Number _____ <input type="checkbox"/> No Please attach Creditor Application form filled out and signed by Creditor <input type="checkbox"/> Creditor 635 - Western Downs Regional Council		
Postal address:			
Suburb:		Postcode:	
Note: Supporting documentation must be attached to this form as per Council audit requirements. E.g. Tax Invoice, Memo, Email, Letter, Council Resolution Attached <input type="checkbox"/> File reference or Invoice Number _____			



### Payment Details

Amount: \$ _____	GST Amount: \$ _____	<input type="checkbox"/> Exempt	<b>Total Payment Value: \$ _____</b>
WDRC Payment Type	<input type="checkbox"/> Development Application <input type="checkbox"/> Licence <input type="checkbox"/> Transfer between Departments Only if using Creditor 635 Receipt to # _____		
Description:			
Work Order Number:			
Distribution:	<input type="checkbox"/> Cheque collected from Accounts Payable by _____ <input type="checkbox"/> Post Cheque to above address <input type="checkbox"/> EFT as per Creditor Details		



### Authorised for Payment

Note: Request for Payment is to only be signed by an officer who is authorised to sign for the above amount as per Council's Procurement Policy.

Authorising Officer:	Signature:	Date: / /
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If requesting payment earlier than 30 days from Invoice  Reason \_\_\_\_\_

Approved by Finance Representative: \_\_\_\_\_

