CANCER RESEARCH UK

PAYMENT APPROVAL FORM (MISCELLANEOUS & NON-STAFF)

***PLEASE COMPLETE IN BLOCK CAPITALS**
****IT IS FINANCE POLICY TO ISSUE CHEQUES OR PAYMENTS DIRECT TO THE PAYEE**

NAME		FINANCE DEPARTMENT USE ONLY	
SUPPLIER NAME		SUPPLIER CODE	
SUPPLIER ADDRESS		SYSTEM REF NO.	
INVOICE NUMBER		RECEIVED	
REASON FOR PAYMENT		CHEQUE NO / BACS REF	
PAYMENT METHOD		ENTERED	
INVOICE DATE		PAID	
SPECIAL INSTRUCTIONS (attach copies of any paperwork to be sent with payment)			

COST CENTRE	ACCOUNT CODE	ATTRIBUTE	AMOUNT
	INVOICE TOTAL		

SIGNATURE OF CLAIMANT _____ DATE _____

NAME OF AUTHORISER _____ DATE _____

SIGNATURE OF AUTHORISER _____ DATE _____

FURTHER AUTHORISATION _____ NAME _____
(if required due to Delegated Authority levels) (block capitals)

FINANCE AUTHORISATION _____ DATE _____