



PAYMENT REQUEST FORM

Date _____ Payable to _____

Address _____

Purpose of payment _____

Instructions for payment (please select one)

Check **Send by regular mail to address above**
Return check to _____

ACH (Direct Deposit)
 If this is your first payment, complete and attach the **APS Direct Deposit Request form**: <http://go.aps.org/2kQS5ny>

Wire transfer (needs advanced approval by APS Accounting Department) <http://go.aps.org/2knyoXo>

NOTE: Please submit supporting documentation with this form (e.g. quote, estimate)

Amount _____

GENERAL LEDGER DISTRIBUTION

Co. ID	Cost Center	Account Number and Description	Project/Activity Code	Amount
			TOTAL AMOUNT	

Requested by _____

Approved by _____

signature required

Date