Recurring Check or EFT Payment Request Form

Lavender Form

Updated 4/2010

Note: Payments submitted on this form must be the same payment date(s), amount and GL distribution each month.

Organization: _____

Vendor: ☐ Corporation or Not-for-Profit

OR

Individual: ☐ Personal Reimbursement

☐ 1099 - SS#_____

Recurring Payment Date: _____

Start Date: _____

Expiration Date: _____

☐ **Check** OR ☐ **EFT** **Payable to:** _____

Address:_____ City:_____ State:_____ Zip:_____

(New vendor/change of address only)

Description:	Charge Line Item:	Amount:

Total: $0.00

Requested by: _____ Approved by: _____

Miller Management Systems 7607 NW Prairie View Road, Kansas City, MO 64151 ✦ 816-382-3050 ✦ Fax: 816-382-3052
www.MMSMidwest.com