



## Request for Payment by Bank Transfer

All information is required unless noted otherwise.

Account Number or IBAN: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Amount: \_\_\_\_\_ Currency: \_\_\_\_\_

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**THE SECTION BELOW IS TO BE COMPLETED BY LAKEHEAD UNIVERSITY.**

Reason for Payment: \_\_\_\_\_

Lakehead PO Number: \_\_\_\_\_

Lakehead Budget Code(s): \_\_\_\_\_

\_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Name: \_\_\_\_\_

**NOTE:** Please submit your request for payment with all supporting documents to Accounts Payable. Once the payment has been submitted, please expect a minimum of fourteen (14) business days for processing. Transfers will not be processed if any of the required information is missing, as our bank will not process transfers with incomplete information.