

Instructions



Use this form to request payment only for the activities specified in the **Activity Type** drop-down box of this form.

DO NOT use this form for:

- Buying goods and services not listed in the Activity Type drop-down box
- BearBuy PO Invoices
- Research Subjects
- Patient Refunds
- Petty Cash
- Subcontract Invoices

The Payment Request Form cannot be used to pay suppliers that accept purchase orders. If you have not created a purchase order for your expenses, please use After The Fact PO Form.

Sensitive, Confidential, or HIPAA Information:

Attachments (documents, emails, invoices etc.) **should not** include any sensitive data (i.e. SSN, Bank Account numbers, etc.) or Protected Health Information (PHI) under HIPAA. You **must redact** this type of information before attaching documents to this form. For more details, read the [BearBuy Data Privacy guide](#).

Notes:

- If you cannot find the supplier or require a new remittance address, refer to '?' (help) in the Request Info section for further instructions.
- A purchase order will not be sent to the supplier, but rather processed internally for

Request Information

Enter Supplier

Payee (If different from supplier name)

Commodity Code 00005

Request Handling

An attachment to a payment can be included **only** if the payee **requires** it to process payment. Please select yes below if an attachment is required. Most payments do **not** require an attachment. Invoices do **not** need to be attached to payments.

Attachment to Check Required Please select...

A payment message can be included with the payment **only** if the payee **requires** additional information to process the payment (Ex: license number, member name/ID, account number, type of fee). Do **not** include invoice numbers. A message is usually **not** necessary.

Do you need to include a payment message? Please select...

If yes, type the message below.

Payment Message (70 char. max)

IMPORTANT: Confirm that the address below matches the address where the payment should be sent on your invoice/documentation. Click on the dropdown menu to see a complete list of available addresses for the supplier. If the specific address is not available, have the supplier complete the [Supplier Information Form](#) to add the address. Once the address is added, you can select the address and submit this form.

Remit To Address

Contact Name

Street 1

Street 2

Street 3

City

State

Zip

Country

Email

Phone

Toll Free Phone

Fax

Payment Details

approval workflow purposes only.

- Attach any invoice you have to this form. If you have multiple invoices, submit each invoice on a separate requisition.
- Include supporting backup documents (i.e. registration fee forms, subscription renewals, membership renewals, billing on official letterhead, etc.)
- Reimbursement requests to employees and guests should be submitted via [MyExpense](#). (Exception: Guest payment by wire: attach receipts and reimbursement breakdown on a [TEV](#)).
- For Meeting and Entertainment use the BearBuy **Meeting and Entertainment Payment Request Form**.
- For patient refunds, use the paper **Check Request Form**.



Do not mix a Payment Request form with a catalog order or any other form.



Some suppliers have a **STOP SIGN** next to the name. This means the supplier is not accepting POs or no POs have been issued in the past with this vendor. Since the Payment Request Form only generates the PO for internal processing purposes, **this sign can be ignored** on this form and you may select this vendor.

Activity Type

Please select...

Please enter the description and reason for payment in the Product Description.

Product Description

Enter the invoice number **exactly** as it appears on your invoice or document including special characters. Do **not** include spaces. If there is **NO** invoice number, enter the account number followed by the year, month, and day. If there is no account number, enter the year, month, and day only (Ex: 20201128).

Supplier Inv #

Enter the invoice date **exactly** as it appears on your invoice or document.

Invoice Date

Amount

Does your payment include sales tax? Please select...

Attachments

Please attach a copy of all supporting documentation and an invoice if available.

Internal Attachments

Total 0.00