



CHECK REQUEST & SUBSTITUTE PAYMENT FORM

Submission Deadline: Monday 4 p.m. Approval Deadline: Tuesday 10 a.m.

If this request is compensation payable to a GFS employee for SERVICES RENDERED TO THE SCHOOL, complete and email to the Director of HR tracyking@gfs.org for payroll processing. Please do not scan to accountspayable@gfs.org

- Scan/email completed request form and supporting documentation in PDF format to accountspayable@gfs.org
- Check payments are mailed, or paid electronically (ACH or virtual credit card) by Paymerang, our payables vendor
- Account manager/authorizer will receive this request in their Paymerang queue for review and electronic approval.
- Include a copy of any backup documents/receipts with this request form.
- When submitting multiple receipts, tally the amounts on a separate page and include with request.
- Do not include personal purchases when making GFS transactions.
- Use department credit cards and the tax exempt form whenever possible.
- GFS is tax exempt, and does not reimburse the sales tax.

ACCOUNTS PAYABLE QUESTIONS? CONTACT: China Siegel chinasiegel@gfs.org 410-559-3142

Date _____ (MM/DD/YY)

Requested By _____ Department/Division _____

Vendor Name (or individual) _____

☐ On File ☐ New Address

Street Address _____

City _____ State _____ Zip Code: _____

Account#1 _____ Dollar Amount _____

**For split payments*

Account#2 _____ Dollar Amount _____

TOTAL AMOUNT _____ Description of expense _____

COMPLETE THIS SECTION FOR SUBSTITUTE PAYMENTS

Date _____ (MM/DD/YY)	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> All Day
Date _____ (MM/DD/YY)	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> All Day
Date _____ (MM/DD/YY)	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> All Day
Date _____ (MM/DD/YY)	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> All Day
Date _____ (MM/DD/YY)	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> All Day

Coverage for (faculty/division) _____

Rate/Notes _____

Substitute Signature _____

****Required***

NAME OF BUDGET MANAGER/APPROVER

Authorizer#1 _____ Authorizer#2 _____

(if applicable)

SPECIAL INSTRUCTIONS _____