

Department of Health and Mental Hygiene

REQUEST FOR PAYMENT

TO: Accounts Payable
Division of General Accounting

FROM:

THROUGH:

INVOICE DATE:

DUE DATE:

INVOICE DESCRIPTION:

INVOICE NUMBER:

Federal ID # / Social Security #:

Please issue a payment in the amount of:

Made payable to:

Remittance address:

ACCOUNTS PAYABLE

This form must be accompanied by a Pay Block