REQUEST FOR PAYMENT

This form is your invoice for payment. Please complete this form and submit to the Mayerson Academy at the conclusion of the course.

Payment will be made to the **Presenter** after all required documentation is completed and turned in to the Mayerson Academy. This includes the accepted Consultant Services Agreement, completed taxpayer information, and any applicable receipts related to this invoice. We are unable to process payment on the day of your presentation; however, most payments are processed within three weeks from the date of receipt. Payment for approved expenses will be made to the **Presenter** at the address given below. Please complete or correct any missing or incorrect information.

Payee Name: _____ SSN or TIN: _____

Mailing Address: 2650 Highland Avenue

Cincinnati, Ohio 45219

Phone Number: _____ Fax Number: _____

Class Title: _____

Class No.: _____

Date(s) Held: _____

Consultant Fee: _____ Days at _____ Per day =

OR

(complete as applicable) _____ Hours at _____ Per hour = $ _____

Other Expenses, if applicable: Per Federal Guidelines Maximum Lodging $112 (exc. taxes) per day, Meals $54 per day *(Please itemize below and attach receipts)*

Description:		$	
		$	
		$	
		$	
	Total Expenses:	$	
	Total Payment:	$	

I confirm that I have fulfilled the terms of my agreement with Mayerson Academy as required above and hereby request payment.

Signature _____ Date _____

FOR INTERNAL USE

RCVD BY		DATE		APD		MA PO		CP PO	
CONFIRMED BY		DATE		FUND		PROG		CLASS	
BUS MGR APPROVAL		DATE							