

HOW TO FILL OUT THE PAYMENT REQUEST FORM

You can find the Payment Request Form at www.oaklandfund.org/forms.

STEP 1

PowerForm Signer Information

Please enter your name and email to begin the signing process.

Your Role:

Preparer (Person preparing the form) *

Your Name:

Your Email:

Please provide information for any other signers needed for this document.

Role:

Project Administrator (Approver) *

Name:

Email:

Begin Signing

Your name and email

The name and email of the person approving your invoice or reimbursement

STEP 2

Please Review & Act on These Documents




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Oakland Public Education Fund



Powered by **DocuSign**

PRIVATE MESSAGE: To expedite processing of your request be sure to attach any copies of documentation required in the form. Please make sure the imaged documents can be read. Please make sure to select the appropriate codes for the expense [View More](#)

 Please read the [Electronic Records and Signature Disclosure](#).
 I agree to use electronic records and signatures.



Check this box

CONTINUE OTHER ACTIONS ▾



Click "continue"

STEP 3

PAYMENT REQUEST FORM



Would you like to be reimbursed or pay an invoice?



TYPE OF PAYMENT

What is this payment for?

-- select --

FUND NAME

Use the dropdown to identify the fund where this expense should be connected.
If you don't see your fund identified, please select other and write it in the text field.

What is the name of your school, organization or project?



Name of Fund:

-- select --

 Red boxes indicate required fields

The information of the person or company the check will be sent to



WHO ARE WE PAYING?

Name:

Email:

Phone:

Address:

Distribution Method:

-- select --

Looking for the "Pay by credit card" option?
Please visit oaklandedfund.org/forms and complete the [Requisition form](#).

Note: The Ed Fund will release checks by 3pm on Fridays for all completed forms approved by 12:00pm on Mondays.

STEP 4



PO Box 27148
Oakland, CA
94602

WHAT EXPENSES ARE WE PAYING FOR?

Date: The date on which the expense line item was incurred
Account: Select the appropriate expense type from the drop down menu
Funder: The grant that is funding this expense. If unrestricted funding, please write "Other".
Project: Input the name of the project, if known. If not applicable, please write N/A.
Business Purpose: A brief description of the business purpose of the expense.

Date	Account	Funder	Project	Business Purpose	Amount
	-- select -- 	-- select -- 	-- select -- 		
	-- select -- 	-- select -- 	-- select -- 		
	-- select -- 	-- select -- 	-- select -- 		

Date of the invoice or purchase
What does this invoice or purchase generally pay for?
The name of the organization funding this invoice or purchase. If unknown, choose, "Other."
OPTIONAL: specific project designation
What specifically does this invoice/ purchase pay for?
Dollar amount of the invoice or purchase

STEP 5

ATTACH YOUR DOCUMENTATION:



To properly process your payment, you need to attach a copy of the documentation demonstrating proof of expenditure (i.e. paid receipt or invoice). **Please make sure your scanned documentation is clear and shows the name of the vendor, amount spent, items purchased, and the date and time of the expenditure. Documentation not meeting these standards cannot be accepted.**

This form prepared by	Bridget Daly
Signature	
Date	February 10, 2016 10:16:29 AM PT

Attach a PDF of your invoice or receipt here.

Click here to sign and approve this form.

STEP 6

Once your document has been completed and signed, click the "Finish" button that appears on the bottom right corner of your screen.



FINISH

OTHER ACTIONS ▾