**Manual Payment Request Form**

(To be used only in rare circumstanceswhere an invoice cannot be provided by the supplier / payee)

1. This form must be completed by the requestor and emailed to [apinvoices.bartshealth@nhs.net](mailto:apinvoices.bartshealth@nhs.net)
2. For Patient Travel and ULEZ – please obtain form from appropriate clinic.
3. The budget holder for the cost centre will be sent this request via ORACLE to approve.
4. The requestor and the budget holder must not be the same person.
5. All payments will be made by bank transfer.

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| **Name of Patient if applicable** |  |
| **Address** |  |
| **Amount to be paid** (£:pp) |  |
| **Payee Name** |  |
| **Bank Sort Code** |  |
| **Bank Account Number** |  |
| **Remittance email address** |  |
| **Reason for payment**  Please explain what the payment is for, and also why this payment cannot be made via the usual invoicing route. |  |
| **Other Comments**  (if required) |  |
| **Please list any backing evidence provided** This must include a copy of any receipts for costs which are being reimbursed |  |
| **Cost centre** |  |
| **Account code**  (use 607200 if a Loss or Compensation payment) |  |
| **Datix Number** (if this is a Loss or Compensation payment) |  |
| **Requested By** (Print Name) |  |
| **Date** |  |
| **AP Instruction – Invoice Number convention: Payee Surname/Name and Date (no spaces) ie** XXXXXX23/01/24 | |