**MATRIX ACADEMY TRUST**

**BACS PAYMENT REQUEST**

**Name of Site:** Barr Beacon School Etone College Bloxwich Primary

**(Please circle)** Bloxwich Secondary Dame Elizabeth Cadbury

 Evolve Teaching School Barr Beacon SCITT Matrix Head Office

|  |
| --- |
| **PAYEE:** |
| **BANK:** |
| **ACCOUNT NUMBER:** |
| **SORT CODE:** |

**DETAILS OF PAYMENT (PLEASE COMPLETE IN FULL) AND PROVIDE NECESSARY EVIDENCE TO SUBSTANTIATE YOUR BACS PAYMENT REQUEST**

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| --- |
| **DESCRIPTION** |
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|  |
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|  |
| **DATE PAYMENT REQUIRED BY \***  |
| **AMOUNT £** |
| **PAYMENT REQUESTED BY**  | **AUTHORISED - BUDGET HOLDER** |
|  |  |

***FOR FINANCE DEPARTMENT USE ONLY***

|  |  |  |  |
| --- | --- | --- | --- |
| ***COST CENTRE/LEDGER CODE*** | ***NET******AMOUNT*** | ***VAT*** | ***DATE PROCESSED*** |
|  |  |  |  |
| ***INFORMATION ATTACHED***  | ***CERTIFIED FOR PAYMENT*** |
|  |  |
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|  |  |

***\* payment terms are 30 days from the date finance department receive the request however the finance department will endeavour to try and make payment for the request as soon as possible***