



City of Holyoke One Time Pay Request

This cover sheet must accompany all payment/reimbursement requests that are not associated with a normal purchase of goods or services: for example - employee reimbursement expenses, travel reimbursements, payment to incidental service providers like umpires or coaches for city games, refunds for accidental overpayment of city fees, refunds from City accounts, scholarship disbursements, and similar payments. If you need guidance please call 413-322-5650 or email purchasing@holyoke.org

Name of Payee: _____

Payee Address (#/Str/City/ST/Zip) _____

Requesting Dept: _____

Date of Request: _____

Amount of Payment: _____

Reason for Payment: _____

GL Acct for payment, Org. Code: _____ Obj. Code: _____

(Please make sure your account information is correct.
Requests with incorrect account codes will be rejected
and returned.)

One Time Pay Category (please check one)

☐ 9999 AP Vendor (Employee Reimbursements, Travel, Incidentals)

☐ 99998 Revenue Refund

☐ 99997 Retirement Refund

☐ 99996 - Scholarships

☐ Other please explain

Requestor (signature of person completing this form): _____ Date: _____

Approved by (signature of person authorized to approve spending from the above GL line, in the amount requested):

_____ Date: _____

*****Please include any supporting documentation needed to process (receipts, travel reimbursement form, expense reimbursement form, tool form, invoice, etc). Lack of supporting documents will cause return of this request and delays in payment
SUBMIT THIS COMPLETED FORM TO PURCHASING*****