

## Recurring Payment Form - Purpose and Instructions

The purpose of this form is to provide the information required to create a recurring payment in EAS to a supplier who is a contracted partner with the university, in either of two distinct situations.

**Standard Invoices** - Payment must be the same recurring amount through the fiscal year. Recurring payments have a duration of one fiscal year. Therefore, multiple year recurring payments will require setup at the beginning of each fiscal year. This requires the completion of this form three weeks prior to the beginning of the next fiscal year. Each form should be accompanied by the contract or other viable documentation to clearly identify the supplier and payment information. Please send the form to Accounts Payable at acctspay@gwu.edu

**Leases, Rentals, SAAS** - The purpose of this form is to authorize payments according to the payment terms of the attached fully executed agreement between GW Department and the supplier identified here. *This form is to be completed whenever a department has a fully executed contract, the purchase is exempt from Procurement action as listed on the items exemption list, or for lease schedule only.* For recurring lease payment set up, a purchase order is not necessary. The requesting department's Finance Director must review the form for accuracy according to the lease schedule identified here and sign to authorize direct recurring payments for the duration of the lease.

### Supplier Information

Supplier Name:

Supplier Code:

Payment Remittance Site Code:

Contact Name:

Phone:

Email:

Payment Type:

Description:

### Payments

Frequency

\* Must be the same recurring amount

Number of Payments:

Payment Amount\*:

Begin Date:

End Date:

Invoice Number:

Description\*: -

\*Description is information to describe the payment. It should be meaningful to the supplier or end-user and is printed on the check. -

General Ledger Information (if direct paid):

Requisition Number (\$0 for lease):

Purchase Order Number:

PO Line / Shipment #:

Total Contract Value (not to exceed amount):

### Approvals

Submitter Name (printed):

Submitter Signature: \_\_\_\_\_

Approver Name (printed):

Department: \_\_\_\_\_

Approver Signature: \_\_\_\_\_

PO Exemption #: [\(link to exemption list\)](#)

FD Name & Signature for PO Exemption or Lease:

Procurement Approval for PO Exemption or Lease:

Procurement Approver:

AP Processor:

Date Processed:

Procurement Record #:

10-14-22 ka