



FZRAPAY Request Form and Instructions

Overview

FZRAPAY is a batch payment process which reduces manual direct data entry. A special formatted Excel spreadsheet is uploaded into our ERP system to generate payments.

It is used for: Stipends, Awards, Garnishments and payments to Wright Express.

Instructions

1. Departments email a formatted excel spreadsheet to Accounts Payable along with a signed copy of this form.

A. The request form and email subject line should indicate FZRAPAY **or** ACH FZRAPAY.

- FZRAPAY – Only generates check payments
- ACH FZRAPAY – Only for students who are (initially) setup to receive payments via ACH (direct deposit). For more information, see the [ACH Enrollment Instructions, PRO-WIN-2018-001](#), and [ACH Enrollment Form, PRO-FRM-2018-004](#).

B. Excel Spreadsheet must include:

| A | B | C | D | E | F | G | H | I | J | K |
|-----------|------------|------------|--------|-------|------|------|------|------|------|------|
| Vendor ID | Descriptio | Transactio | Amount | INDEX | FUND | ORGN | ACCT | PROG | ACTV | LOCN |

Only enter the following information:

- Column A – Vendor ID - Banner #
- Column B – Description – Name of recipient
- Column D - Amount - Total amount \$
- Column E - Index # - XXXXXX
- Column H - Account # XXXXX

2. Accounts Payable uploads data into our ERP system and schedules the payment for the following check run.

For initial Banner Student/Vendor set-up, please contact Purchasing. Allow payment *an additional week* for data transfer and set-up.

FZRAPAY Request Form

Use this form to request special payment that do not fall under the category of a Purchase Order and/or the Reimbursement Request Form. Supporting documents must be submitted with this form. Incomplete forms will be returned.

All Fields Are Required:

| | | | | |
|-------------------------------------|--------------------------|---------|--------------------------|-------------|
| Type of Payment: | <input type="checkbox"/> | FZRAPAY | <input type="checkbox"/> | ACH FZRAPAY |
| Summary/Purpose of Payment: | | | | |
| Special Delivery Instructions: | | | | |
| Add all line items - TOTAL AMOUNT - | | | | |

All Fields Are Required:

| | | | |
|--------------------------------|-----------|--------------------------|------|
| Requestor Name (print) | Signature | Telephone/E-mail address | Date |
| Department Name/Room# | | | |
| Approver/Administrator (print) | Signature | Telephone/Ext. | Date |

Note Payment Terms and Deadline:

Disbursement ACH and checks, run every Wednesday morning. To be included for the *following week's* disbursement check run, FZRAPAY requests should be submitted no later than Tuesday. A week is needed to allow necessary time for upload and any discrepancies.

Send excel spreadsheet and completed forms to:

Accounts Payable: nirvanie.kharran@einsteinmed.org.