

FASTER PAYMENT REQUEST

Please note a Faster Payment should be by exception only and incurs a charge of £50.00 to your service. If Faster Payment is costed to a different location, please confirm the Cost Centre and Account Number below:

Cost Centre

Account Code

Employee Forename

Employee Surname

Employee Ref. No

Employee Designation

Location Name

Payrun

iTrent Position No

Payment Details

Start Date

End Date

Hours (if app)

**Payment Rate or
Amt Due(if app) (£)**

Element Code*

Reason for Faster Payment Request

Any other information

Approved By

Manager

Designation

Date

**Authorised Signatory
(PaymentRequestOutwithPayrun)**

Designation

Date

Print Name:

**PLEASE ENSURE THE FORM IS COMPLETED IN FULL AND SIGNED BY A
MANAGER BEFORE BEING SUBMITTED VIA EMAIL BY THE AUTHORISED
SIGNATORY TO ESC – FASTER PAYMENT REQUEST**

**INCOMPLETE AND/OR INCORRECT FORMS WILL BE RETURNED AND MAY
RESULT IN A DELAY IN PAYMENT**