



PAYMENT REQUEST FORM

DATE _____
 DEPARTMENT _____
 REQUESTED BY _____

PAYMENT INFORMATION

COLLEAGUE/VENDOR ID _____ INVOICE # _____
 NAME _____
 ADDRESS _____
 CITY, STATE, ZIP _____

If goods are purchased, a commodity code is required.

GENERAL LEDGER CODE	AMOUNT
TOTAL	

CLUB REPRESENTATIVE SIGNATURE: _____ CLUB ADVISOR SIGNATURE: _____
 CLUB LIASION SIGNATURE: _____ COLLEGE PRINCIPAL SIGNATURE: _____

 SIGNATURE BUDGET MANAGER DATE

 SIGNATURE BUSINESS OFFICE DATE

 PRINTED NAME - BUDGET MANAGER

 PRINTED NAME - BUSINESS OFFICE

This form is to be used when a vendor is NOT in E-procurement (or has become INACTIVE)
 *** A SUPPORTING DOCUMENT IS **REQUIRED** WITH THIS PAYMENT REQUEST FORM ***