

PAYMENT REQUEST FORM

Date _____

(Not to be used for Petty Cash Fund Reimbursement)

SEND COMPLETED FORM TO FINANCIAL SERVICES, CARRINGTON 113

DEPARTMENT: _____

DATE PAYMENT CHECK NEEDED: _____

CONTACT NAME: _____

CONTACT PHONE #: _____

Chart of Accounts	FUND	ORG	ACCOUNT	PROGRAM	ACTIVITY*	LOCATION*	\$ Amount
☐ U ☐ F							
☐ U ☐ F							
☐ U ☐ F							
☐ U ☐ F							
☐ U ☐ F							

*The Activity and Location codes will be used for specific Funds Only.

Financial Services Use only

Banner Document # _____

Approval & Date _____

SPECIAL INSTRUCTIONS:

QTY	DESCRIPTION / BUSINESS PURPOSE	PRICE PER UNIT	TOTAL COST

Guidelines for Expense Reimbursements to Individuals:

- The following expenses are not reimbursable: goods/services normally available from other university departments, university bookstore purchases, postage, long distance, service rendered by an employee, travel, photocopy, personal loans, food, greeting cards, flowers, gifts, sales tax.
- The payment request must be accompanied by receipt(s) for each purchase taped to an 8 1/2 × 11 piece of paper. The receipt(s) must either have the employees name printed or must be signed by the employee requesting reimbursement.

SEND BY DIRECT DEPOSIT*

Employee/Student Only

 YES ☐ NO ☐
[SIGN UP HERE](#)

- VENDOR M# _____
- COMPLETE VENDOR NAME AND ADDRESS INCLUDING ZIP

 (SIGNATURE OF PERSON MAKING REQUISITION)

 (PRINTED NAME OF PERSON MAKING REQUISITION)

 (APPROVING SIGNATURE OF DEPARTMENT HEAD)

 (PRINTED NAME OF APPROVING DEPARTMENT HEAD)