



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	ORGANIZATION	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:

QUANTITY	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.

- M# _____
(Please provide for all individuals requesting payment)
- 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)