



PAYMENT REQUEST FORM

Date _____

Not to be used for Petty Cash Fund Reimbursement

SUBMIT COMPLETED FORM: SGF CAMPUS – FINANCIAL SERVICES CARR 424 WEST PLAINS CAMPUS – BUSINESS OFFICE CASS HALL

DEPARTMENT: _____

DATE PAYMENT CHECK NEEDED: _____

CONTACT NAME: _____

CONTACT PHONE #: _____

Chart of Accounts	FUND	ORG	ACCOUNT	PROGRAM	ACTIVITY*	LOCATION*	\$ Amount
☐ 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 employee's 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)