



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 not be used at this time

Financial Services Use Only

Banner document # _____

Approval & Date: _____

SPECIAL INSTRUCTIONS:

QUANTITY	DESCRIPTION/BUSINESS PURPOSE	PRICE PER UNIT	TOTAL COST

Expense Reimbursement Guidelines:

1. The following expenses are not reimbursable: goods/services normally available from other university departments, university bookstore purchases, postage, long distance, services rendered by an employee, travel, photocopy, personal loans, food, greeting cards, flowers, gifts, sales tax.
2. The payment request must be accompanied by Receipt(s) for each purchase taped to an 8 ½ x 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)