



Request For Payment

(Use this form when no invoice is available.)

Name	Vendor #
Address <input type="checkbox"/> <i>Check box if this is a new address</i>	
City, State, Zip	
Signature	Date
<input type="checkbox"/> Contracted Services <input type="checkbox"/> Start Up Funds <input type="checkbox"/> Other _____	
Account Number	Amount \$
Description/Explanation	

School/Department

Principal/Director

Business Services Department Approval _____ Signature _____ Date

Date

Note: The above expense should meet P.O. exception rules. See manual for details.