



Temporary Per Diem Payment Request

Form Good Only from July 1st through August 24th.

DATE: _____

Requesting Department: _____

Description / Purpose of Check: _____

Account(s) to be charged (required):

<u>ACCOUNT</u>	<u>FUND</u>	<u>DEPT ID</u>	<u>PROG</u>	<u>CLASS</u>	<u>PROJ/GRT</u>	<u>Amount:</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Total amount of check: _____

Make check payable to (vendor's name): _____

Vendor ID: _____

Payment Address: _____

Disposition:

_____ Mail Check to payment address above
_____ Hold Check - Call _____ at ext. _____

Comments: _____

*** Please note that all pay requests must designate the account number to be charged (including object code) and an authorized signature. Paperwork received without these items will be returned to the requesting department.

APPROVED BY: _____

PLEASE ATTACH SUPPORTING DOCUMENTATION