



# Payment Request

Date: \_\_\_\_\_

Requesting Department: \_\_\_\_\_

Description/Purpose of check: \_\_\_\_\_

Account(s) to be charged (required):

Amount:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total amount of check:

\_\_\_\_\_

Make check payable to (vendor's name): \_\_\_\_\_

Payee/Vendor's Federal Taxpayer ID: \_\_\_\_\_

or Vendor ID: \_\_\_\_\_

or Social Security No: \_\_\_\_\_

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: \_\_\_\_\_

(Department Head or Authorized Signature)

**PLEASE ATTACH SUPPORTING DOCUMENTATION**