



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
<input type="checkbox"/> U <input type="checkbox"/> F							
<input type="checkbox"/> U <input type="checkbox"/> F							
<input type="checkbox"/> U <input type="checkbox"/> F							
<input type="checkbox"/> U <input type="checkbox"/> F							
<input type="checkbox"/> U <input type="checkbox"/> 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

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, services 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 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)