



Business Office Request For Payment

Current Date: _____

Payee ID: _____

PAY TO: _____

SOCIAL SECURITY NO*: _____

**The payee's social security number and address are required for any charges to account 5545.*

STREET ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____

DATE CHECK REQUIRED: *Thursday* _____

EMERGENCY CHECK REQUIRED: *Date* _____

Choose Only One: Pick Up Check

Mail to Payee

Business Office Approval
for Emergency Check _____

SPECIAL INSTRUCTIONS: _____

PURPOSE OF PAYMENT:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL AMOUNT: \$ _____

CHARGE TO:	Fund:	Cost Cntr:	Account:	Project:	Amount:
	'O' Account:				\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____

TOTAL AMOUNT: \$ _____

Signatures Required:

Originator: _____

Business Office: _____

Dean/Supervisor: _____

Vice President: _____

**Retain a copy for your records and send original to the Business Office.

**Attach original receipts or documents to substantiate the request. Remember to specify who the expense was for, what it was for, where & when the event or activity took place, and why the expense was incurred.