



# 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: \_\_\_\_\_

FACULTY/STAFF ONLY:  Direct Deposit

ADJUNCTS/STUDENTS/ALL OTHERS:  Pick Up Check  Mail to Payee

DATE CHECK REQUIRED: Thursday \_\_\_\_\_

EMERGENCY CHECK REQUIRED: Date \_\_\_\_\_ Business Office Approval For Emergency Check: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

### PURPOSE OF PAYMENT:

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

CHARGE TO:				TOTAL AMOUNT:	\$ _____
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 for activity took place and why the expense was incurred.**