



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.