

## Payment Request

REQUEST DATE			AMOUNT		
VENDOR INFORM	ATION				
REIMBURSE M	<b>YSELF</b> (Attach Expense I	Report Addendum for travel,	meals and entertainment.)		
PAYEE ID		PAYEE			
ADDRESS					
INVOICE NUM	1BER		INVOICE DATE		
ITEMS					
ITEM DES	SCRIPTION*	G/L ACCOUNT	PROJECT ID	<u>AMOUNT</u>	
*Provide a brief description in 25 characters or less. This is the description that will appear in the general ledger.			TOTAL		
PAYMENT PURPOSI	E_(Enter a detailed explanation	of this payment that provides enoug	gh information for review by an approver or an	auditor.)	
REQUIRED FOR AL	L PAYMENT REQUE	STS			
REQUESTED BY		BUDGET			
Printed Name:		<u>OFFICER</u> APPROVAL			
r miteu mame.		(Total up			
		to \$10,000)			

## **ADDITIONAL APPROVALS AS NEEDED**

FISCAL OFFICER
APPROVAL
(Between \$10,000
And \$50,000)

VP/DEAN
APPROVAL
(\$50,000 and up)

(Note: Payment Request between \$50,000-\$100,000 requires two signatures from Senior VP or VP of appropriate division. Payment Request above \$100,000 must be signed by the President or VP for Finance and Controller.