



Vendor Payment Request Form

To Accounts Payable Department

Requestor's Name _____ Request Date: _____

Vendor Invoice #. _____ Date Needed: _____

Please issue funds in the amount of \$ _____

Accounts Payable Use Only	
Check Type	
Manual Check <input type="checkbox"/>	EFT/ ACH Transfer <input type="checkbox"/>

Delivery Type :

Mail

Hand Deliver

Vendor Type:

1099 Yes No

Employee Yes No

Direct Yes No

PAYEE'S NAME

Vendor Name _____

DESCRIPTION OF EXPENSE : (See Note 2)

ACCOUNT DISTRIBUTION (To be completed by Accounts Payable)

Item #	Vendor Number	Account Number	Cost Center	Control #	Amount
1		6A			
2		6A			
3		6A			
4		6A			

SIGNATURES AND APPROVALS: (See Note 3)

	Prepared By <div style="background-color: #cccccc; padding: 5px; text-align: center; color: red;">Signature not required</div>	Date	Print Name & Title (REQUIRED)
1	Approved by:	Date	Print Name & Title
2	Approved by:	Date	Print Name & Title
3	Approved by:	Date	Print Name & Title
4	Approved by:	Date	Print Name & Title

Notes:

1. The date the check is required.
2. Provide detailed description, business purpose and any special handling instructions.
3. Appropriate approvals as outlined in the Accounts Payable Policies and Procedures are required for all expenditures. Approver's signature indicates that this amount is a business related expenditure and Approver has reviewed the supporting documentation. The Business Owner is responsible for ensuring the invoice is correct and valid, and deliverables have been met.