Effective Date: July 1, 2010



PAYMENT REQUEST FORM

Indicate y	your Request type and the date by which you need i	t; Date Needed	of "ASAP" will be pro-	cessed in 5 business days.	
Ca	Cash Advance Date of Request:				
Pa	nyment by Check		•		
	C Travel Card (must allow 10 business days for new card	l requests) Dat	te Needed:		
Ple	ease attach all documentation. Original, it	emized recei	pts are required for	reimbursements.	
	C Travel Card requests only: e and estimated time of departure:				
	e and estimated time of return:tes and times are not provided, requests will be return		essing may be delayed		
	5 (five) business days for processing. <i>Incoress, and documentation will require addition</i>	*	O .	es, account numbers,	
Payee or	r Vendor Suggested:				
A Federal W-9 form is required for all payees/vendors. Please contact the Business Office to confirm if a W-9 is already on file.					
Complete	e Address:Street Address				
Mail via USPS to Payee/Vendor at provided Address			Hold for pick-up in Business Office		
Se	nd via Campus Mail to:		Call for pick-up; e	extension:	
Account and/or Project Name Account Number, including Project ID			Amount		
		Tree cant I tamber, metading 1 reject 12			
Qty.	Description (please provide as much detail as possible)		Amount		
			Total:		
Date	Department Approval	VP Approv	val Business Office Ap	pproval	