



PAYMENT REQUEST FORM

Department _____

Date _____

Department Head Requesting Payment _____

Budget Line _____

Please select one

I have an invoice or bill that needs to be paid.

Please include a copy of the invoice to be paid with this form.

Total on Invoice: _____

I have an order to be placed.

Please include *all* needed information for order to be placed. This includes, but is not limited to, vendor information, delivery instructions, and detailed information on items to be ordered.

****Please include delivery contact information, in case there is a question. The Finance department will place the order for you, but will not coordinate delivery.****

Estimated Total: _____

my estimated total includes shipping