



# Request For Payment

*(Use this form when no invoice is available.)*

Name	Vendor #
Address <input type="checkbox"/> <i>Check box if this is a new address</i>	
City, State, Zip	
Signature	Date
<input type="checkbox"/> Contracted Services <input type="checkbox"/> Start Up Funds <input type="checkbox"/> Other _____	
Account Number	Amount \$
Description/Explanation	

\_\_\_\_\_  
School/Department

\_\_\_\_\_  
Principal/Director

<b>Business Services Department Approval</b>  _____ Signature  _____ Date
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\_\_\_\_\_  
Date

Note: The above expense should meet P.O. exception rules. See manual for details.