



## PAYMENT REQUEST FORM

**INSTRUCTIONS:**

1. Complete Payment Request Form and W9 Form (Employees are not required to provide W9)
2. Attach all original receipts and invoices to substantiate the request.
3. Vendor Payments must include original invoice.
4. Approval by Department Head is required
5. Payable from Specific FSA Sub-Account.
6. An email will be sent to the requester, when check is ready.

DATE \_\_\_\_\_ DOLLAR AMOUNT \$ \_\_\_\_\_ FSA SUB ACCOUNT# \_\_\_\_\_

IS W9 ATTACHED OR ON FILE? YES  NO

PAYMENT TO BE PROCESSED VIA: CHECK  CREDIT CARD

PAYABLE TO: \_\_\_\_\_ (PRINT)

ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_

PURPOSE OF CHECK REQUEST: \_\_\_\_\_

CHECK SHOULD BE: MAILED  PICKED UP  DATE NEED BY: \_\_\_\_\_

SIGNATURE & TITLE OF PERSON REQUESTING PAYMENT: \_\_\_\_\_

APPROVED BY DEPT HEAD: \_\_\_\_\_ APPROVED BY PROVOST: \_\_\_\_\_

APPROVED BY DEAN: \_\_\_\_\_

APPROVED BY FSA \_\_\_\_\_

**TO BE COMPLETED BY BUSINESS OFFICE**

BUDGET ALLOCATED	\$
YEAR TO DATE ACCT BALANCE	\$
AMOUNT REQUESTED	\$
REMAINING BALANCE	\$