

MASSART

PAYMENT REQUEST

REQUESTED BY

DATE SUBMITTED

AUTHORIZATION: I CERTIFY FUNDS ARE AVAILABLE FOR PURPOSES STATE BELOW
SIGNATURE:

DEPARTMENT

DATE NEEDED

PAY TO

SPECIAL INSTRUCTIONS

SPECIFY SOURCE OF FUNDS

MASSART / VENDOR ID #:

MAIL CHECK

DEPARTMENT _____

NAME:

PICK-UP CHECK

GL # _____

ADDRESS:

GIVE CHECK TO: _____

CITY, STATE, ZIP

INSTRUCTIONS:

- I. REIMBURSEMENTS UP TO \$100.00 - FILL OUT THIS FORM AND ATTACH ORIGINAL DETAILED RECEIPTS
- II. VISITING ARTIST/LECTURER - FILL OUT THIS FORM AND ATTACH ARTIST/LECTURED INVOICE OR ARTIST'S INVOICE
- III. VENDOR PAYMENT - SUBSCRIPTIONS, MEMBERSHIPS, CONFERENCE REGISTRATIONS. FILL OUT THIS FORM AND ATTACH VENDOR INVOICE
- IV. PAYMENTS OVER \$1000.00 REQUIRE EXPLANATION WHY A PURCHASE ORDER WAS NOT OBTAINED AND AREA V.P. APPROVAL

DESCRIPTION OF PAYMENT REQUESTED

TOTAL PAYMENT REQUESTED: \$ _____

FOR BUSINESS OFFICE USE ONLY

VOUCHER #: _____

AP TYPE: _____

VENDOR #: _____

INVOICE #: _____

PAYMENT DUE DATE: _____

RECEIVED: