

## ACCOUNTS PAYABLE PAYMENT REQUEST

**Do not use this form for expense/travel reimbursement or student payments. Instead use [Travel Expense Report/Employee Reimbursement Form](#) or [Student Stipend Request form](#).**

PAY TO:

DATE:

ADDRESS:

REQUESTED BY:

PHONE:

DUE DATE:

IS THE PAYEE OR BENEFICIARY OF THE PAYMENT A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN:      Yes      No

- If yes, a completed and signed W-9 form must accompany this check request form when paying a new vendor.
- If no, please contact John Arndt, Senior Accountant x3659.

BUSINESS PURPOSE (include dates, location, and event description):

**NOTE: It is absolutely necessary to include Co, unit, and account on each form.**

Co(3)	Unit(5)	Account(5)	Activity	Sub-Acct(4)/Category(3)	\$
					\$
				Will Call	\$
				Mail to:	\$
				Campus Mail:	\$
				Special Instructions:	\$
					\$
			Total		\$

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**Deadline to submit request is 5:00 pm Tuesday.**