



Request for Payment

Office of the Treasurer

_____ Date _____
(Office or Committee)

Payable to (Name) _____ Amount \$ _____

Mailing Address _____

City _____ State _____ Zip _____

Purpose of Payment _____

1. _____ Cost _____

2. _____ Cost _____

3. _____ Cost _____

4. _____ Cost _____

Attach original copy of invoice: Number _____ Budget Account Number _____

Is this the purchase of property that will last for more than one year? _____

If yes, who will have possession of this property _____

Request made by Name _____ Signature _____

Budget Use Only

Approved _____ Denied _____

Treasurer's Office Use Only

Date Paid _____ Check Number _____ Funding Source _____

Account Number _____ Class Code _____

Activity Code _____ Budget Balance _____

Payment Disbursed: Date _____ Signature _____

File _____ Reconciliation _____ Audit _____