Print Form Reset Form

PAYMENT REQUEST FORM

(Please Attach All Supporting Documentation As Required Or Deemed Appropriate)

Requestor:_____ Division:_____

Date: 05/19/2021 Authorization (Required):_____

Purchase Approval Date:_____

PURCHASE ORDER REQUEST

Charge Account: ____-_____-__-_____-_____-_____-_____ (_____%)

Charge Account: ____-_____-__-_____-_____-_____-_____ (_____ %)

Vendor Name: _____ Contract: Y☐ N ☐

Amount: _____ Deposit:_____

Supplier Contact Name: _____ Supplier Contact Phone #: _____

Description: _____

_____

Bids (Amts $10K+): 1. _____ 2._____ 3._____

PO#:_____ REQ#:_____ Date:_____

NON-PO REQUEST

Charge Account: ____-_____-__-_____-_____-_____ (_____%)

Charge Account: ____-_____-__-_____-_____-_____ (_____%)

Vendor Name: _____ Contract: Y☐N☐

Amount: _____ Will Call: _____

Description: _____

_____

☐ PROCARD REQUEST ☐ MEETING CARD REQUEST

Charge Account: ____-_____-__-_____-_____-_____ (_____%)

Charge Account: ____-_____-__-_____-_____-_____ (_____%)

Vendor Name: _____ Contract: Y☐N ☐

Amount: _____

Event Date: _____

Description: _____

THIS SECTION FOR COMPLETION BY PROCARD/MEETING CARD HOLDER ONLY

Payment Received By:_____ Payment Date:_____

Date PaymentNet Updated:_____ Date BEN Fin Updated:_____

JOURNAL REQUEST (Please Use Multi-Journal Request Form For Multiple Charges & Credits)

Charge Account: ____-_____-__-_____-_____-_____ (_____%)

Credit Account: ____-_____-__-_____-_____-_____ (_____%)

Amount: _____

Description: _____

_____

Batch #:_____ Date:_____