

PAYMENT REQUEST FORM
(Please Attach All Supporting Documentation As Required)

REQUESTER: _____ DIVISION: _____
DATE: _____ APPROVAL: _____

PURCHASE ORDER REQUEST

Charge Account: _____ (____%)

Charge Account: _____ (____%)

Vendor Name: _____ Contract: Y N

Amount: _____ Deposit: _____

Description: _____

Bids (Amts Over \$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: _____