



PAYMENT REQUEST

VENDOR:	DATE:
	REQUISITIONED BY:
	CAMPUS EXT:
	APPROVED BY (PRINT NAME):

* Please attach all invoices	AUTHORIZED SIGNATURE:
	<i>Authorized Signature certifies that the items are herein allowable, allocable, reasonable and necessary</i>

E, S or U Account #	DESCRIPTION OF MATERIALS / SERVICE	AMOUNT

- INSTRUCTIONS**
- * Obtain authorized signature certifying reasonableness and necessity of purchase
 - * Submit to 214 Bray Hall-attn: Michelle Coyne
 - * Allow ample processing time