

Payment Request Form

All purchases should be made using a Purchasing Card or the ePro requisition. This form is ONLY for refunds and reduction of revenue.



DL773 HS763 NT752 SY769

Pay to (Name)		Mailing Address	
<input type="text"/>		<input type="text"/>	
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Prepared by	Department	Contact Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Request	To pick up check indicate name/number to call when ready		
<input type="text"/>	<input type="text"/>		

*Amount \$	*GL Account (5 digits)	*Department	*Fund Cat (3 digits)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Function (3 digits)	**PC Bus Unit (5 characters)	**Project (6 characters)	**Activity (3 digits)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Fund (6 digits)	Program (4 digits)	Purpose (5 digits)	Site
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Required ** Also required if a ProjID

Purpose of the Transaction

Approval Signature (Fund Holder) _____ Print Name _____ Date _____