

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 _____