PAYMENT REQUEST

VP _____

Entered By _____

PS Approval _____

PS Date _____

FINANCIAL SERVICES DEPARTMENT

VOUCHERS PREVIOUSLY ENCUMBERED

DATE _____

VENDOR NUMBER _____

SFX _____

VENDOR NAME _____

ADDRESS _____

DESCRIPTION _____
40 characters
*Invoice number between * **

AMOUNT **$** _____

PURCHASE ORDER NO.

2	**0**	**1**	**2**	**0**	**0**				

RECEIVER NO.

2	**0**	**1**	**2**						

INVOICE NUMBER

REQUESTED BY _____ DATE _____

APPROVED BY _____ DATE _____