

ACCOUNTS PAYABLE PAYMENT REQUEST

Do not use this form for expense/travel reimbursement or taxable student payments. Instead use [Travel Expense Report/Employee Reimbursement Form](#) or [Taxable Student Payment Request form](#).

PAY TO:

DATE:

ADDRESS:

REQUESTED BY:

PHONE:

DUE DATE:

IS THE PAYEE OR BENEFICIARY OF THE PAYMENT A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN: Yes No

- If yes, a completed and signed W-9 form must accompany this check request form when paying a new vendor.
- If no, please contact Brian Senske, Investment and Tax Compliance Analyst.

BUSINESS PURPOSE (include dates, location, and event description):

NOTE: It is absolutely necessary to include Co, unit, and account on each form.

| Co(3) | Unit(5) | Account(5) | Activity | Sub-Acct(4)/Category(3) | \$ |
|-------|---------|------------|----------|-------------------------|----|
| | | | | | \$ |
| | | | | Will Call | \$ |
| | | | | Mail to: | \$ |
| | | | | Campus Mail: | \$ |
| | | | | Special Instructions: | \$ |
| | | | | | \$ |
| | | | | Total | \$ |

APPROVED BY: _____ DATE: _____

Deadline to submit request is 5:00 pm Tuesday.