Effective Date: July 1, 2010



PAYMENT REQUEST FORM

| Indicate your Request type and the date by which you need it; Date Needed of "ASAP" will be processed in 5 business days. | | | |
|---|--|---|-------------------|
| | Cash Advance Date of Request: | | |
| | Payment by Check AC Travel Card (must allow 10 business days for new card requests) Date Needed: | | |
| Please attach all documentation. Original, itemized receipts are required for reimbursements. | | | |
| For AC Travel Card requests only: Date and estimated time of departure: | | | |
| Date and estimated time of return: | | | |
| If dates and times are not provided, requests will be returned and processing may be delayed | | | |
| Allow 5 (five) business days for processing. Incomplete or missing account names, account numbers, signatures, and documentation will require additional time for processing. | | | |
| Payee or Vendor Suggested: | | | |
| A Federal W-9 form is required for all payees/vendors. Please contact the Business Office to confirm if a W-9 is already on file. | | | |
| | | | |
| Complete Address: | | | |
| Mail via USPS to Payee/Vendor at provided Address Hold for pick-up i | | | n Business Office |
| Send via Campus Mail to: Call for pick-up; e | | | extension: |
| | | | |
| | Account and/or Project Name | Account Number, including Project ID | Amount |
| | | | |
| | | | |
| | | | |
| Qty. Description (please provide as much detail as possible) Amount | | | |
| Qty. | Description (please provide as mu | Description (please provide as much detail as possible) | |
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| | | Total: | |
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Date

Department Approval

Business Office Approval

VP Approval