VALDOSTA STATE UNIVERSITY

REQUEST FOR PAYMENT FORM

To: Accounts Payable **Date:** _____ **From:** _____
(Enter Name/Dept & Contact Number)

Please process the attached invoice for payment approved as follows:

Purchase Order#: ☐

Refund Request (check here): ☐
(Must include a copy of the Bursary receipt showing the original deposit was made)

Agency Fund (check here): ☐
(Only applies to fund 60000, 61000 & 62000 and must be accompanied by a memo or Study Abroad itinerary and itemized expense listing)

Make Payable To: ☐

Payable Amount: ☐

Dept Budget Line:

Account	Fund	Department	Program	Class	Project/Grant

(Required if request for payment is not on a Purchase Order)

Check Issue Date: ☐
(Complete if the payment must be paid immediately upon completion of service/performance i.e referee or entertainer)

Budget Mgr: _____ Printed Name _____ Signature

Add'l Approver: _____ Printed Name _____ Signature

Add'l Approver: _____ Printed Name _____ Signature

Add'l Approver: _____ Printed Name _____ Signature

Add'l Approver: _____ Printed Name _____ Signature

Add'l Info (*if applicable*):