

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
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(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):
