

Payment-Purchase Request Form

Personal Information

Date: _____ **Type of Request:** Payment Purchase Reimbursement (attach receipts)

Pay to: _____

Address: _____
Street Address Department/Floor/Suite/Room

_____ City State ZIP Code

Description/Purpose:	Price	Total
Grand Total: (not including tax)		

Method of Payment

- Credit Card
 Check (send U.S. mail, no attachments)
 Check, with Special Handling:

 U.S. Mail, with attachments

 Pick up (Name) _____

Home Phone: _____ **Alt Phone:** _____ Wk Cell

E-mail Address: _____ **When is the best time to contact?** A.M. P.M.

Signature Approvals

Requestor: _____

Department Head: _____

Division Director: _____ *(Original Signature Required)*

Accounting Use Only

	Completed	Date
Credit card payment made:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Check cut:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Requestor contacted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Pick up person contacted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Completed by:		_____