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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: _____		