



Email

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FORM DUE INTO THE BUSINESS OFFICE AT LEAST 3 WEEKS BEFORE DESIRED ACTION DATE

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:		_____