

MASSART

PAYMENT REQUEST

REQUESTED BY	DATE SUBMITTED	AUTHORIZATION: I CERTIFY FUNDS ARE AVAILABLE FOR PURPOSES STATE BELOW SIGNATURE:
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DEPARTMENT	DATE NEEDED	
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PAY TO MASSART / VENDOR ID #: NAME: ADDRESS: CITY, STATE, ZIP	SPECIAL INSTRUCTIONS	SPECIFY SOURCE OF FUNDS
	<input type="checkbox"/> MAIL CHECK	DEPARTMENT _____
	<input type="checkbox"/> PICK-UP CHECK	GL # _____
	<input type="checkbox"/> GIVE CHECK TO: _____	_____

INSTRUCTIONS:

- I. REIMBURSEMENTS UP TO \$100.00 - FILL OUT THIS FORM AND ATTACH ORIGINAL DETAILED RECEIPTS
- II. VISITING ARTIST/LECTURER - FILL OUT THIS FORM AND ATTACH ARTIST/LECTURED INVOICE OR ARTIST'S INVOICE
- III. VENDOR PAYMENT - SUBSCRIPTIONS, MEMBERSHIPS, CONFERENCE REGISTRATIONS. FILL OUT THIS FORM AND ATTACH VENDOR INVOICE
- IV. PAYMENTS OVER \$1000.00 REQUIRE EXPLANATION WHY A PURCHASE ORDER WAS NOT OBTAINED AND AREA V.P. APPROVAL

DESCRIPTION OF PAYMENT REQUESTED

TOTAL PAYMENT REQUESTED: \$ _____

FOR BUSINESS OFFICE USE ONLY

VOUCHER #: _____	RECEIVED:
AP TYPE: _____	
VENDOR #: _____	
INVOICE #: _____	
PAYMENT DUE DATE: _____	