# Request For Payment

*(Use this form when no invoice is available.)*

| | | |
|---|---|---|
| Name | | Vendor # |
| Address:<br>☐ Check box if this is a new address | | |
| City | State | Zip |
| Signature: | | Date: |
| ☐ Contracted Services ☐ Start Up Funds<br>☐ Other | | |
| Account Number: | | Amount: |
| Description/Explanation: | | |

School/Department

Principal/Director

**Business Services Department Approval**

Signature

Date

Note: The above expense should meet P.O. exception rules. See manual for details.