

Payment Request

Administrative Guide for Staff/Faculty



Marshall B.
KETCHUM UNIVERSITY

Type of Request

- Faculty Fill In
- Lecture/Stipends
- Patients/Student Refunds
- Subject/Demo
- Other

Deposition of Check

- Direct Deposit
- University Mail
- Hold for Pickup
- U.S. Mail
- Deliver to: _____

Disposition Information

Supplier/Payee _____ Date _____
 Account/ID # _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____

Accounting Office Use Only

| Date | P.O. # |
|-------------|--------|
| | |
| Vendor ID # | Terms |
| | |

Taxable

- Yes
- No

Total Amount

Budget Year

Requestor

Date Required

Budget Dept. Approval

Administrator Approval

| QTY | Unit | Description (include Supplier Part #, if applicable) | Due Date | Unit Price | GL Acct # | Total Amount |
|-----|------|--|----------|------------|-----------|--------------|
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Comments