



Payment Request Form

Department _____

Date _____

Department Head Requesting Payment _____

Budget Line _____

Please select one

Order has been placed and needs payment

Invoice, bill, order confirmation, or other documentation must be included with this form.

Order needs to be placed

Fill in order information below or provide in attachment

Vendor Information (website, phone number, etc.)

Delivery Instructions

Items to be ordered

Estimated Total: _____

Check if estimated total includes shipping