SEWANEE
THE UNIVERSITY OF THE SOUTH

REQUEST FOR PAYMENT

Date

Payee: (**legal** name)		
Banner ID:		
Address:		
Date Required		
Special Handling		
Mail out:		
Direct Deposit		
SPO:		
Hold for Pickup:	Name/Extension:	

(Normal processing time is seven days after receipt by Accounts Payable)

DESCRIPTION/PURPOSE OF PAYMENT	INDEX	ACCOUNT	AMOUNT
	(6-digit fund #)	**(4-digit acct. #)**	
		TOTAL	**$**

INSTRUCTIONS: Use only to initiate payment of advances (indicate destination and dates of trip), honoraria and awards (Social Security number required for these payment types), refunds, and similar transactions <u>where an invoice or other document is not available</u>. If invoice is available, this form is not required.

PRINTED REQUESTER NAME:	DATE
REQUESTER SIGNATURE:	DATE
APPROVED BY:	DATE