

The University of the South
Request for Payment
(Please type or print plainly)

Date _____

Pay to _____

Street _____

City, State, ZIP _____

Special Requirements _____

Pay Next Batch: _____

OR, Date Check Required: _____

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

Enclosures or other instructions _____

SPO to _____

Hold for Pickup _____

Call _____

at ext. _____

PURPOSE OF PAYMENT	ACCOUNT KEY	OBJECT CODE	AMOUNT
Reimbursement of Moving Expenses			
		TOTAL	\$

INSTRUCTIONS: Use only to initiate payment of advances (indicate destination and dates of trip), honoraria and awards, refunds, petty cash reimbursement (attach receipts), and similar transactions where an invoice or other document is not available. USE A PAYMENT REQUEST FROM THE VENDOR IF AVAILABLE. Submit a travel expense form promptly upon returning from trip.

REQUESTED BY _____	DATE _____
APPROVED BY (if disbursement is to the requestor above) _____	DATE _____
CASH RECEIVED _____	DATE _____