## COLLEGE OF ARTS & SCIENCES REQUEST FOR PAYMENT

VENDOR OR PAYEE INFORMATION  Foreign Vendor/Supplier? Yes No Unknown  Name:  Email:  Other Contact Info/Notes:  Is this payment on behalf of a student or employee?  Yes No  If yes, list employee/student name and ID number:  Name:	Date: Department Nam Department Cont Department Phon Email:  SPECIAL INSTR	e: act: ne:		
ID: Line Description & Business Purpose (Who/What/When/Where)  AMOUNT				
ACCOUNT CODE SPEEDTYPE A		TOTAL  OJECT CU	RRENCY	
TOTAL  UNIT BUSINESS MANAGER SIGNATURE	UBM PRINTED	MIL	DAT	
DEPARTMENT CHAIR/PI SIGNATURE	ARTMENT CHAIR/PI SIGNATURE CHAIR/PI PRINTED			——— Е