

VALDOSTA STATE UNIVERSITY

REQUEST FOR PAYMENT FORM

(This form cannot be used for Payroll Activity)

To: Accounts Payable

Date: _____

From: _____

(Enter Name/Dept & Contact Number)

Please process the attached invoice for payment approved as follows:

Choose Only One	<input type="radio"/> Purchase Order #:	_____
	<small>Check this box if a PO was established, but payment relates to service/performance and therefore not subject to receiving</small>	
	<input type="radio"/> *Refund Request:	_____
	<small>*(Must include a copy of the Bursary receipt showing the original deposit was made)</small>	
	<input type="radio"/> Study Abroad / Student Travel (Must be accompanied by a roster or Study Abroad itinerary and itemized expense listing)	
	<input type="radio"/> **This transaction was not purchased through established procurement procedures - must have VP Approval. <i>(includes invoices that exceed the approved Purchase Order amount.)</i>	
	<small>**If 4th box is selected, completed Request for Payment forms in excess of \$2500 must be attached with all documentation to a requisition</small>	

**For all non-PO transactions please complete the box below:

Please follow the instructions from the Supplier (Vendor) Information Request Tool located under <u>Accounts Payables</u> <u>Forms on VSU Website</u>						
			https://www.valdosta.edu/administration/finance-admin/financial-services/forms/			
Payable To:	_____					
Payable Amount:	\$ _____					
<small>(NOT applicable if first box is checked above)</small>						
Dept Budget Line:	Account	Fund	Department	Program	Class	Project/Grant
Requested Check Issue Date:	_____					

By signing below I positively attest to the following regarding the Supplier's Performance: The product/service is in good condition (i.e., workmanship was satisfactory), met specifications, and was delivered on time to the correct destination; Invoiced price matches quoted price; and the correct quantity was received.

Requestor: _____
Printed Name Signature

Budget Mgr: _____
Printed Name Signature

VP (Applicable if 4th box above is checked): _____
Printed Name Signature

Add'l Approver: _____
Printed Name Signature

Add'l Info (if applicable):

