



**REQUEST FOR PAYMENT**

PO NUMBER (IF APPLICABLE) \_\_\_\_\_

INVOICE NO \_\_\_\_\_

DATE \_\_\_\_\_  
 VENDOR NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

QUANTITY	DESCRIPTION	AMOUNT
<b>TOTAL</b>		

DEPARTMENT \_\_\_\_\_

ACCOUNT NUMBER	AMOUNT
Total	

SHOULD TIE TO TOTAL ABOVE

SIGNATURE/APPROVAL REQUIREMENTS:	
\$50 OR LESS	No form necessary
\$51 - \$500	Budget Manager
\$501 - \$1000	Budget Mgr & Immediate Supervisor (may be Cabinet Member)
\$1001 or Greater	Budget Mgr, Immediate Supervisor, Cabinet Member, CFO, President

REQUESTED BY \_\_\_\_\_

APPROVED BY \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_