

PO NUMBER (IF APPLICABLE) _____

**TUSCULUM UNIVERSITY
REQUEST FOR PAYMENT**

DATE _____
 VENDOR NAME _____
 ADDRESS _____

VOUCHER NO _____

QUANTITY	DESCRIPTION			AMOUNT
TOTAL				

DEPARTMENT	SIGNATURE/APPROVAL REQUIREMENTS:		
ACCOUNT NUMBER	\$50 OR LESS	No form necessary.	
	\$51 - \$500	Budget Manager	
	\$501 - \$1000	Budget Mgr & Immediate Supervisor (may be Cabinet member)	
	\$1,001 OR GREATER	Budget Mgr, Immediate Supervisor, Cabinet Member, CFO, President	
REQUESTED BY			

APPROVED BY _____ **DATE** _____

