PAYMENT REQ	PAYMENT REQUISITION DEPARTMENT:						
PAYEE NAME AND ADDRESS:			SPECIA	SPECIAL INSTRUCTIONS:			
	,	Vendor/Voucher # for Accounts					
	]	Payable Personnel only					
		Vendor #					
<b>Social Security Numb</b>	ber						
		Voucher #					
		Purchase Order #	Enclose	with Ch	eck:		
Federal ID Number		Order #	Cop	y of Inv	voice		
Check box if nev	v address		Let	ter			
or change of address			☐ Oth	Other:			
		check to be written ow 5 days for mail)					
Voucher Total \$							
Invoice	Invoice Date	Description (limit 25 spaces)	Amount Account Nur Fund Dept.		mber Object		
	Date			r unu	Dept.	Object	

Invoice	Invoice Date Descrip	Degamination (limit 25 grages)	Amount	Account Number		
		<b>Description</b> (limit 25 spaces)		Fund	Dept.	Object
	/ /					
	/ /					
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IMPORTANT: The original invoice or other appropriate documentation and any items to be enclosed with the check must be attached to this requisition.

	Typed Name	Signature	Date
REQUESTED BY:			/ /
APPROVED BY SUPERVISOR:			/ /
If over \$1,000: APPROVED BY VICE PRESIDENT:			/ /