

Invoice Payment Request/Check Request

Make check payable to: _____

Address: _____

Amount of Check: _____

Mail check:

Department Code: _____

Hold check for:

4-Digit Account: _____

Submitted by: _____ Date: _____

Approved by: _____ Date: _____

- Proper documentation/back up/receipts are required.
- Requests for greater than \$500 require Dean/Department Head Signature.
- Checks are cut on Fridays each week.
- Sales tax will not be reimbursed.
- Entertainment should include business discussed, persons entertained and detailed receipt.

7/23/2013

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