

OFFICE USE ONLY
 Voucher #: _____
 Voucher Date: _____

Payment Request

Instructions on how to complete this form can be found [here](#).

Organization Name: _____

Vendor Name: _____

Vendor Banner ID: _____

Vendor Address: _____

CCRI Contact Name: _____

CCRI Contact Phone #: _____

Purpose:

W9	Attached
	On File

Vendor Invoice #: _____

Vendor Invoice Date: _____

Payment Method:

Direct Deposit/ACH By Mail
 Credit Card Hold in AP

Quantity	Description of Items	Price Per	Total Price
TOTAL			

FOAPL					
Fund	Organization	Account	Program	Location	Amount
TOTAL					

By entering my name below, I acknowledge that I am electronically signing this document. Further, I hereby authorize payment:

Requestor/Advisor Signature	Date Signed	Grants Accounting Signature <i>(if applicable)</i>	Date Signed
Supervisor/Chair/Dean Signature	Date Signed	Auxiliary Signature <i>(if applicable)</i>	Date Signed

Please send the completed form and all applicable documentation to accounts.payable@ccri.edu.