

**REQUEST FOR PAYMENT  
EASTERN ILLINOIS UNIVERSITY**

**Date:**

**Payee Name:**

**Payee Banner E#**

**Address 1:**

**Address 2:**

**City / State / Zip:**

ORGANIZATION OR FUND NUMBER	ACCOUNT	INVOICE NUMBER / DESCRIPTION	INVOICE DATE	AMOUNT

**EXPLANATION / DESCRIPTION**

**TOTAL \$ \_\_\_\_\_**

**ORIGINAL INVOICE MUST BE ATTACHED**

I certify that the goods or services specified on this voucher were for the use of this agency and that the expenditure for such goods or services was authorized and lawfully incurred, that such goods or services meet all the required standards set forth in this purchase agreement or contract to which this voucher relates; and that the amount shown on this voucher is correct and approved for payment.

Approved by \_\_\_\_\_  
Financial Manager

Date \_\_\_\_\_

Contact Person for Additional Information:

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Special Handling

1099 INFORMATION

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_