

**REQUEST FOR PAYMENT
EASTERN ILLINOIS UNIVERSITY**

DATE: _____

Payee Name: _____

Payee's FEIN or Banner ID: _____

Address 1: _____

Address 2: _____

City / State / Zip: _____ / _____ / _____

Org/Index Number _____ Org/Index Name _____ Amount _____ FUND _____
(if Org/Index not available)

Org/Index Number _____ Org/Index Name _____ Amount _____ FUND _____
(if Org/Index not available)

SHADED AREAS FOR ACCOUNTS PAYABLE USE

VENDOR NUMBER _____ PO#/T# _____

ORGANIZATION NUMBER	ACCOUNT	INVOICE NUMBER / DESCRIPTION	INVOICE DATE	AMOUNT

EXPLANATION / DESCRIPTION: _____

TOTAL \$ _____

ORIGINAL INVOICE MUST BE ATTACHED
Send the original and one copy to Accounts Payable.

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 the 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: _____
Account Manager

Date

Contact Person for Additional Information:

Name Phone

Special Handling

1099 INFORMATION

VOUCHER _____ VENDOR _____

REVIEWED BY _____ DATE _____
Accounts Payable

BURSAR _____ DATE _____