

PAYMENT REQUEST FORM

INVOICE HEADER INFORMATION		
Payee Name		
Supplier Site Invoice #	Invoice Amount	
Description		
Requestor (Last Name, First Name)		
Email Contact		
INVOICE LINE INFORMATION		
Line 1		
Amount	Product Category	
Entity Fund	Financial Department	
Account Purpose	Program	
GL Project Activity	Line Description	
If using a PPM Project, you must complete Task, Exp Type, and Exp Org PPM Project Expenditure Type	Task Expenditure Organization	
Line 2		
Amount Product Category		
Entity Fund	Financial Department	
Account Purpose	Program	
GL Project Activity	Line Description	
If using a PPM Project, you must complete PPM Project	Task	
Task, Exp Type, and Exp Org	Expenditure Organization	
Special Handling	Additional Information or Special Handling just	ification
O FedEx direct to the payee		
O Pick-up at bulk mail		
O Deliver to the department	Save As	Submit