

## Request for Vendor Payment

*Please forward completed form with approvals and respective back-up documentation to Accounts Payable or email, [accounts payable@csc.edu](mailto:accounts payable@csc.edu)*

**COMPLETE THIS SECTION**

*If payment is not by check, please attach appropriate payment instructions*

<b>Date of Request:</b>	<b>Extension:</b>
<b>Initiated By Name:</b>	<b>Initiated By Signature:</b>
<b>Division:</b>	<b>Department:</b>
<b>Check Payable to:</b>	
<b>Address:</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>Amount of Request:</b>	<b>Vendor ID (if known)</b>

**Reason & Additional Instructions for Check/Payment Request:**

**APPROVALS**

<b>Account Number:</b>	<b>Project I.D. (if applicable)</b>	
<b>Amount:</b>		
<b>Account Number:</b>	<b>Project I.D. (if applicable)</b>	
<b>Amount:</b>		<b>P.I. (If Project ID)</b>
<b>Chair/Supervisor</b>	<b>Date</b>	<b>Date</b>
<b>Dean/Director</b>	<b>Date</b>	
<b>Cabinet</b>	<b>Date</b>	
(Executive Office)		