

# REQUEST TO PAY INVOICE

*This is not a reimbursement.*

Please provide the following information with your payment request.

Name:

Email:

Phone:

Amount of Purchase:

Date Expense Incurred:

Source of Funds – Account Number:

Name of Vendor:

Description of Purchase (If meals, please include attendees if fewer than then):

Purpose of Purchase (agenda if meeting/meal):

Authorized by:

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date Submitted \_\_\_\_\_