

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 _____