



Accounts Payable Payment Request

Payee Information (Check Made Payable To)

Name

+Address

+City

+State

+Zip

Email Address

+Enter this information for new vendors only

Payment Information

Description

Amount \$

Account Number

Fund #	Account #	Project (Dept) #	Activity #
<i>ex. 10</i>	<i>- 5201</i>	<i>5512</i>	<i>- 000</i>
-			-

Notes

Authorizations

Requested By (Print Name)

Date

Signature

Authorized by Admin or Faculty Advisor (Print Name)

Date

Signature

Form Instructions

This form may be used to request payment to a vendor (accompanied by an invoice or bill) or to request expense reimbursement (accompanied by associated receipts).

1. In the **Payee Information** section, provide name and address that the check should be made out to.
2. In **Payment Information** section, provide a brief description of what the payment is for, the amount, and the Cairn Account Number that the payment should be charged to.
3. Date, print name, and sign as the requester, and pass along to the authorizer (if applicable).
 - a. **Vendor Payments under \$1,000** can be authorized by those at Director level or above. If the request is submitted by a Director-level employee, no additional authorization is needed.
 - b. **Vendor Payments over \$1,000** require authorization by a Senior Vice President.
 - c. **Expense Reimbursements** require authorization from the requester's direct supervisor.
4. Email the completed form to Accounts Payable: accounts.payable@cairn.edu

Notes:

- The form may be signed digitally or printed, signed, and scanned.
- If requesting payment for multiple invoices, a separate request form should be completed for each invoice.