



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).

- In the **Payee Information** section, provide name and address that the check should be made out to.
- 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.
- Date, print name, and sign as the requester, and pass along to the authorizer (if applicable).
 - 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.
 - Vendor Payments over \$1,000** require authorization by a Senior Vice President.
 - Expense Reimbursements** require authorization from the requester's direct supervisor.
- 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.