

STUDENT COOPERATIVE ASSOCIATION, INC.

Forms/PR3-2016

PAYMENT REQUEST

Date _____

From _____
(Account Name) (Account No.)

To: **Student Cooperative Association Business Office**

_____ Please Pay _____ \$ _____
(Vendor to be paid or individual to be reimbursed - Bill or receipt **must** be attached)

No Purchase Requisition was used, because this is a

- _____ Utility Payment
- _____ Payment for entertainer, speaker, or official under \$500
(Service Contract must be attached for entertainers or speakers over \$50)
- _____ Charge Purchase of under \$50 at an Indiana firm
- _____ Payment on previously authorized contract
- _____ Other.

Explain: _____

_____ Please pay the student wages/stipends listed below

_____ Please pay the reimbursements for travel expenses listed below

Note: All arrangements for travel should be cleared in advance. Receipts and information about the trip must be supplied in accordance with IUP travel regulations.

<i>(For Payments to Individuals)</i> Name Social Security No. Permanent Address	Description Include: Nature and use of goods or services provided; staff position if stipend; nature of travel expense.	Amount
TOTAL		

Vendor No. _____

Amount _____

Code _____

Approved _____

Signed: Student Chairperson

Date _____

Inv. No. _____

Approved: Advisor

A/C No. _____

Inv. Date _____