



EASTERN CONNECTICUT STATE UNIVERSITY REQUEST FOR PAYMENT

Number:
(Completed by Accounts Payable)

Request Date: _____

Payment For

| | | | |
|--|--------------------------|--------------------------|--|
| State Employee | Yes | No | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1099 Reportable (NC or MD) | <input type="checkbox"/> | <input type="checkbox"/> | |
| NC – Non-employee Compensation | | | |
| MD – Medical | | | |
| <input type="checkbox"/> Separate Check Required | | | |
| <input type="checkbox"/> Attachments with Payment | | | |

| | Purpose | Reference # |
|-------------------------------------|----------------------------|-------------|
| <input checked="" type="checkbox"/> | Personal Service Agreement | |
| <input type="checkbox"/> | Candidate Reimbursement * | |
| <input type="checkbox"/> | Vendor Invoice (attach) | |
| <input type="checkbox"/> | Refund | |
| <input type="checkbox"/> | Other (specify) | |

* Reference#

| Accounts Payable Use Only | |
|---------------------------|--|
| Posted By | |
| Date Posted | |
| Document # | |
| Encumbrance Reference | |
| Check Due Date | |
| Vendor# | |

Vendor Name _____

Address _____

City _____

State _____ Zip _____ Country _____

Telephone _____ Extension _____

FAX _____

FEIN, SSN or
Banner I.D.# _____

“Remit To”

City _____

State _____ Zip _____ Country _____

Telephone _____ Extension _____

FAX _____

Reason for Payment

| |
|--|
| |
| |
| |

| | Amount | Index | Index Description | Account (Completed by A/P) | Printed Name of Agreement Monitor/Approval Authority | Signature** |
|--------------|----------------|-------|-------------------|----------------------------------|---|-------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| TOTAL | \$ 0.00 | | | | | |

** Your signature certifies that the goods were received and/or that the services were rendered.