EASTERN CONNECTICUT STATE UNIVERSITY
REQUEST FOR PAYMENT

Number: (Completed by Accounts Payable)

Request Date: _____

Payment For	Yes	No
State Employee	☐	☐
1099 Reportable (NC or MD)	☐	☐

NC – Non-employee Compensation
MD – Medical

☐ **Separate Check Required**
☐ **Attachments with Payment**

✓	Purpose	Reference #
☐	Personal Service Agreement	
☐	Candidate Reimbursement *	
☐	Vendor Invoice (attach)	
☐	Refund	
☐	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		** **Your signature certifies that the goods were received and/or that the services were rendered.**				

BANNER ACQ-2 Rev: (05-11)