REQUEST FOR PAYMENT

VENDOR

NAME			
ADDR			
ADD2			
CITY		ST	ZIP

GREEN FORM

INVOICE NUMBER	
REQUEST DATE	
REQUESTED BY	
SCHOOL / DEPT.	

☐ MAIL CHECK

☐ DO NOT MAIL CHECK

FUND	FC	OBJECT	SO	ORG	F	PI	LOC	AMOUNT

SPECIAL INSTRUCTIONS

QUANTITY	U/M	UNIT COST	TOTAL AMOUNT	ITEM NUMBER AND DESCRIPTION

SUBTOTAL	
ADD 10% FREIGHT IF APPLICABLE	
GRAND TOTAL	

REQUESTED BY SIGNATURE _____

SUPERVISOR APPROVAL _____

BUSINESS OFFICE APPROVAL _____