

REQUEST FOR PAYMENT

This form is to be used to request payment when processing a Purchase Order is not feasible. Examples of instances when this form should be used are; Training Registrations, Maintenance Contracts, Membership Fee's, Reimbursements, "After the Fact" Purchases etc.

DATE: _____

DEPARTMENT: _____

BUDGET ACCT NUMBER: _____ - _____ - _____ - _____ - _____

VENDOR NAME: _____

VENDOR MAILING ADDRESS: _____

DESCRIPTION OF EXPENDITURE *(include detail on why PO was not requested):*

INVOICE NUMBER: _____ INVOICE AMOUNT: _____

*****ORIGINAL COPY OF INVOICE MUST BE ATTACHED TO PROCESS PAYMENT*****

MAIL CHECK

DO NOT MAIL CHECK TO VENDOR

Manager

Date

Director

Date

Administrator/Tribal Council Member

Date

Purchasing Manager

Date