

**AMOUNT**

**COMPLETE DESCRIPTION**

**CARS ID #**

**OR INVOICE #**

PAYEE

INITIATOR

DIRECTOR/CHAIRPERSON

PRESIDENT/VICE PRESIDENT

CONTROLLER

**THIS BLOCK FOR**

**OFFICE USE ONLY**

**VENDOR**

**1099**

**PAYROLL**

AMOUNT

ACCOUNT NUMBER

PLEASE TYPE OR PRINT – ATTACH ANY PERTINENT INFORMATION

Request for Payment

                   $

                   $

                   $

DATE

DEPT. NAME

EXT

NEED CHECK BY

INITIATED BY