

ACCOUNTS PAYABLE PAYMENT REQUEST

Do not use this form for employee expense/travel reimbursement or student payments. Instead use [Travel Expense Report/Employee Reimbursement Form](#) or [Student Stipend Request form](#).

PAY TO:

DATE:

ADDRESS:

REQUESTED BY:

PHONE:

DUE DATE:

IS THE PAYEE A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN: Yes No

- If yes, a completed and signed W-9 form must accompany this check request form when paying a new vendor.
- If no, please contact Payroll at 507-786-3299.

BUSINESS PURPOSE (include dates, location, and event description):

NOTE: It is absolutely necessary to include Fund, Cost Center, and Account on each form.

Fund	Cost Center	Account	Activity	Amount
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Will Call

Mail to:

Campus Mail:

Special Instructions:

Total

Please check box if this payment is funded, even partially, with external grant or grant matching funding.

Include any supporting documents in one continuous scan (not separate attachments).

Please submit to invoices@stolaf.edu

Deadline to submit request is 5:00 pm Tuesday.