

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 OR BENEFICIARY OF THE PAYMENT 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 Co, unit, and account on each form.

Co(3)	Unit(5)	Account(5)	Activity	Sub-Acct(4)/Category(3)	\$
					\$
				Will Call	\$
				Mail to:	\$
				Campus Mail:	\$
				Special Instructions:	\$
					\$
				Total	\$

APPROVED BY: _____ DATE: _____

Deadline to submit request is 5:00 pm Tuesday.