



A. JAMES CLARK
 SCHOOL OF ENGINEERING
 DEPARTMENT OF
 MECHANICAL ENGINEERING

Miscellaneous Payment Request

Date _____

SS#/FEI # _____

Dept. Req. # _____

Pay To _____

Originating Dept. _____

Address _____

Business Contact _____

Phone _____

QUANTITY	DESCRIPTION	AMOUNT	
TOTAL >			

WHEN CHECK IS READY

Mail to address shown Department will pick up; call:
 Name _____ Phone _____

ADDITIONAL COMMENTS/EXPLANATION

SHADED AREA FOR ACCOUNTS PAYABLE OFFICE USE ONLY

DEBIT ACCOUNT NO.	SUB CODE	AMOUNT		INVOICE DATE >	
				VENDOR INVOICE # >	
				SPECIAL HANDLING CODE >	
				DUE DATE >	
				RECEIPT DATE >	

Authorized funds are available and the service provided was for bona fide business purposes of the account(s) charged. This Payment has not been requested previously.

Requested By _____ Date _____

Authorized Department Signature _____ Date _____

Additional Approval (if required) _____ Date _____