

# PAYMENT/PURCHASE REQUEST FORM

(Return to University Activities, Student Center, L104)

Today's Date \_\_\_\_\_  Office Supply *(complete vendor information below)*  
 Organization Name \_\_\_\_\_ Event / Activity Date \_\_\_\_\_ Time \_\_\_\_\_  
 Contact name, phone/email \_\_\_\_\_ Location \_\_\_\_\_

Description, Page #, Item #, Quantity <i>(include names of all people involved)</i>	Amount
	<b>Total = \$</b>

Vendor/Corp. Name \_\_\_\_\_ Reimburse (Need to complete TER form also)      Honorarium (PIR & W9)  
 Address \_\_\_\_\_ Payable to: \_\_\_\_\_  
 City / St / Zip \_\_\_\_\_ Address \_\_\_\_\_ City / St / Zip \_\_\_\_\_  
 Phone / Email \_\_\_\_\_ Phone \_\_\_\_\_  
 Tax ID# \_\_\_\_\_ Email \_\_\_\_\_

Account # \_\_\_\_\_  
*(Office Use Only)*  
 Requisition # \_\_\_\_\_  
 TER for Individual  
 PIR – Reimbursement/Honorarium  
 W-9 Form  
 Fleet Car  
 Hotel  
 Conference

Authorized Person \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Advisor Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 University Activities Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Processed by \_\_\_\_\_ Date \_\_\_\_\_

Rev 7-09

**PLEASE NOTE**  
 Attach original receipts for reimbursement; brochure for conferences, hotel and registration materials; catalog information; meeting minutes; vehicle use form or any other information important for this expense. Thank you!