

Payment Request Form

Vendor/Payee Information:

Banner ID # _____
 Payee Name _____
 Address _____
 Address _____
 City, State, Zip _____
 Email _____
 Phone _____

Accounting Only		
I#		
FY		
W9/W8 on file?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Is this a Drake Employee? Yes No
 Is this a Drake Student? Yes No
 Is this a new vendor/payee? Yes No
If yes, please provide a current W9 or W8 with request.

Payment Information:

Please provide the funding source and payment amount below.

Fund	Organization	Account	Program	Activity	Amount
Total Due					

Business Purpose:

Please provide the business purpose for the payment in the space provided below.

Approval Authority:

By providing approval authority below, the signer is confirming that the payment is being made in accordance with the Approval Authority Policy and other applicable University policies and procedures.

Approval Authority (Print): _____ Ext: _____

Approval Authority (Signature): _____ Date: _____

Check this box if you are approving a payment associated with an existing properly approved contract.

Additional Approval, if applicable (Print) _____ Ext: _____

Additional Approval, if applicable (Signature) _____ Date: _____

Check this box if you are approving a payment associated with an existing properly approved contract.

Additional Information (if applicable):

Are there attachments to go with the check? Yes No

Does this vendor/payee want to pick their check up? Yes No

If yes, date needed? _____ Ext# _____

If the goods or services will not be received in the current fiscal year, specify the date they are expected to be received: _____

*Send completed form and all supporting documentation to the Accounting Office in Old Main, Room 328.
 Allow 5 to 7 business days upon receipt of a properly completed form and documentation for payment to be processed.*