



PAYMENT REQUEST

Note: you are encouraged to use the P Card for this expenditure if allowable under University P Card regulations.

Check for allowable expenses at: <http://www.purchasing.fsu.edu/P-Card%20Manual-Feb%202007.pdf>

Date _____

Date Required _____

Sections 1, 3, 5, 6 and 7 must be completed for all requests. Section 4 must be completed for foreign payments.

<p>1 Department Requesting This Payment:</p> <p>Department Name _____</p> <p>Contact _____</p> <p>Telephone Number _____</p>	<p>2 Special Handling Request (domestic processing only):</p> <p>Hold check for department pickup? <input type="checkbox"/></p> <p>Pick up person _____</p> <p>Telephone Number _____</p>																																																																
<p>3 Vendor Information:</p> <p>Omni Vendor Number _____</p> <p>Payee Name _____</p> <p>FSU Employee? <input type="checkbox"/></p> <p>Remit to address: _____</p>	<p>5 Foreign Payment Processing:</p> <p>Foreign Draft <input type="checkbox"/> Electronic Wire Transfer <input type="checkbox"/></p> <p>Complete the appropriate section below</p> <p>Foreign Draft payment information: Foreign currency type: _____ Amount in Foreign\$: _____ Amount in US\$: _____</p> <p>Electronic Transfer payment information: Bank Name: _____ Bank Address: _____ SWIFT Code: _____ Payee's account #: _____ Name on account: _____ Amount being transferred: _____ Currency type: _____</p>																																																																
<p>4 Justification for Disbursement (Please be specific):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Support documentation must be attached to process the payment request.</p>																																																																	
<p>6 Distribution Information:</p> <p>Invoice #</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount</th> <th>Department</th> <th>Fund</th> <th>Project</th> <th>Account</th> <th>Chartfield 1**</th> <th>Chartfield 2**</th> <th>Chartfield 3**</th> <th>ACT ID *</th> <th>Resource Type**</th> <th>Resource Category***</th> <th>Sub Category***</th> <th>Asset</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="12" style="text-align: right;">Total</td> </tr> </tbody> </table> <p style="text-align: center;">* Required for projects only ** Optional *** Optional for projects</p>		Amount	Department	Fund	Project	Account	Chartfield 1**	Chartfield 2**	Chartfield 3**	ACT ID *	Resource Type**	Resource Category***	Sub Category***	Asset																																								Total											
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<p>7 Payment Request Approval:</p> <p>Department Head/Budget Manager (Please print): _____</p> <p>Department Head/Budget Manager Signature: _____ Date _____</p>																																																																	
<p>8 To Be Completed By Accounts Payable/UBAs/Decentralized Sites:</p> <p>Unit Code: _____ Processed By _____</p> <p>Voucher #: _____ Date Processed _____</p>																																																																	