

The University of the South
Request for Payment
(Please type or print plainly)

Date _____

Pay to _____	
Street _____	
City, State, ZIP _____	
Special Requirements _____	
Pay Next Batch: _____	OR, Date Check Required: _____

(Normal processing time is seven days after receipt by Accounts Payable)

Enclosures or other instructions _____			
SPO to _____		Hold for Pickup _____	
Call _____		at ext. _____	
PURPOSE OF PAYMENT	FUND/ORG	ACCOUNT	AMOUNT
		TOTAL	\$

INSTRUCTIONS: Use only to initiate payment of advances (indicate destination and dates of trip), honoraria and awards, refunds, petty cash reimbursement (attach receipts), and similar transactions where an invoice or other document is not available. USE A PAYMENT REQUEST FROM THE VENDOR IF AVAILABLE. Submit a travel expense form promptly upon returning from trip.

REQUESTED BY _____	DATE _____
APPROVED BY (if disbursement is to the requestor above) _____	DATE _____
CASH RECEIVED _____	DATE _____