REQUEST FOR PAYMENT

(Forward to Accounts Payable)

Total This Vendor

Date

Pay To

Social Security # _____
(Required for Individuals)

Remittance Address

Accounting Use Only

Voucher # _____ Vendor # _____

PO # _____ Check # _____

NOTES:

Special Instructions: ☐ Process Check and Hold for Pickup
☐ Enclose Attachments with Check
☐ Other

Description	Price	Quantity	SMC Account Number	Invoice #	Invoice Date
xxxxxxxxxx	$x.xx	xxx	xx-xxxxx-xxxxxx-xx	xxxx	xx/xx/xx

Original Contracts, Invoices, Receipts required for payment.

Authorization: _____ **Extension:** _____