

REQUEST TO PAY INVOICE

This is not a reimbursement

Please provide the following information with your payment request.

Name:

Department

DOECL

AMST

E-mail

Phone:

Amount of Purchase:

Source of Funds - Account Number (and Promise name if applicable):

Name of Vendor:

Description of Purchase (If meals, please include attendees if fewer than ten):

Purpose of Purchase (agenda if meeting meal):