

Invoice Payment Request Form

**Attached Invoice Required*

Date: _____

Vendor Name: _____

Vendor CWID: _____

Invoice Number: _____

Purchase Order: _____
(if any)

Index: _____

Account: _____

Approver Name (print)

Title

Signature

Date

If grants are charged:

ORA Approver Name (print)

Title

Signature

Date

Comments:

Note: Goods and services payments greater than \$5,000 require a Purchase Order. If the Purchase Order number is provided, no need for the index and account information. ORA approval is also not necessary in this case.

AP Use Only:

Banner Doc #: _____

Processed By: _____ Date: _____

Approved By: _____ Date: _____