PAYMENT REQUISITION FORM

REQUESTED BY: _____ DATE: _____

PAYABLE TO (SUPPLIER'S NAME): _____ FED ID#: _____

ADDRESS: _____

_____ Phone No.: _____

AMOUNT REQUESTED: $_____

PURPOSE: **ATTACH ORDER FORMS, PURCHASE REQUESTS and INVOICES**

_____

_____

_____

_____

REQUISITIONER APPROVAL:

SIGNATURE: _____ DATE: _____

UNAA UNIT/COMMITTEE: _____

UNAA TREASURER OFFICE USE ONLY:

APPROVED: ___ YES ____ NO

AMOUNT APPROVED: _____

DATE PAYMENT ISSUED: _____

FORM OF PAYMENT: ___CHECK   ___ CORPORATE CREDIT CARD

ACCOUNT CHARGED: _____

TREASURER SIGNATURE: _____ DATE: _____