

STONEHILL COLLEGE REQUEST FOR PAYMENT FORM

Submit with documentation to Accounts Payable, Must be received by end of day on Friday to be processed for the following week.

Pay to the Order of: _____

Purchase Order No. _____
(if applicable)

Name: _____

Address: _____
(If different than address on invoice) _____

Stonehill Employee ID*/Federal Tax ID
(Required for Employees & Independent Contractors)

PURPOSE OF THIS PAYMENT (attach documentation and original receipts):

*Refer to Hillcard number

Check Delivery Instructions

Mail as addressed

Hold for pickup

Campus Ext. _____

ACCOUNTING INFORMATION (FOAPAL #)

in parenthesis indicate the number of digits in the FOAPAL segment

Fund (6)	Org (4)	Acct Number (5)	Acct Name	Activity (6) **	Amount
TOTAL AMOUNT					\$ _____ -

** - Optional

<input type="checkbox"/> Check here if reimbursement is for an activity conducted outside of US	Name of Country _____
<i>If activity was conducted outside of US, check one of the following that best describes the activity:</i>	
<input type="checkbox"/> Conference <input type="checkbox"/> Research <input type="checkbox"/> Community service <input type="checkbox"/> Extra-curricular <input type="checkbox"/> Other: describe _____	

Requester Signature: _____

Date: _____

Budget Approver Signature: _____

Date: _____

Vice President Signature: _____

Date: _____

Please note, using a Stonehill College Purchasing Card is the most efficient way to pay for merchandise under \$2,500. Please review all invoices and/or request for payment forms to determine if you could use a purchasing card for payment. For information on how to receive a Stonehill College Purchasing Card please contact the Purchasing Department.

ACCOUNTS PAYABLE USE ONLY			
DATE ____ / ____ / ____	INITIALS _____	VOUCHER# _____	REVIEW _____

