



PO Payment Request Form

Department:

Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

PO #: \_\_\_\_\_ Partial Final

PO #: \_\_\_\_\_ Partial Final

PO #: \_\_\_\_\_ Partial Final

PO #: \_\_\_\_\_ Partial Final

PO #: \_\_\_\_\_ Partial Final

PO #: \_\_\_\_\_ Partial Final

Invoice Attached: OK to Pay

Department Head Print Name: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business Services:

Is amount under \$20,000? Yes No Document #: \_\_\_\_\_

Business Services Print Name: \_\_\_\_\_

Business Services Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If amount of invoice is over \$20,000, Controller approval is required before processing:

Controller Print Name: \_\_\_\_\_

Controller Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\*All backup documentation must be attached.