

Vendor#: _____
Voucher#: _____

For Business Office Use Only

**PAYMENT FOR
CONTRACTED AND PROFESSIONAL SERVICES**

THIS FORM IS TO BE USED FOR ALL PAYMENTS MADE TO INDIVIDUALS WHO ARE NOT EMPLOYEES OR TO ORGANIZATIONS FOR CONTRACTED OR PROFESSIONAL SERVICES. THIS INCLUDES, BUT IS NOT LIMITED TO, PAYMENTS TO ATTORNEYS, LECTURERS, SPORTS OFFICIALS, MODELS, CONTRACTORS, ENTERTAINERS AND CONSULTANTS.

**FAILURE TO USE THIS FORM FOR SUCH SERVICES MAY RESULT IN DELAY OF PAYMENT.
THIS MUST BE COMPLETED FOR EACH PAYMENT REQUEST.**

(1) NAME OF PAYEE: _____
STREET: _____
CITY: _____
STATE: _____ ZIP: _____

(2) SOCIAL SECURITY #: _____
OR
 FEDERAL IDENTIFICATION #: _____

(3) PAYEE IS INCORPORATED NOT INCORPORATED.

(4) REQUEST FOR PAYMENT
(a) IF INVOICE HAS BEEN RECEIVED, ATTACH IT TO THIS FORM, SIGN THIS FORM AND FORWARD BOTH TO THE ACCOUNTS PAYABLE OFFICE, EXCEPT FOR PAYMENTS TO INDIVIDUALS, WHICH MUST BE FORWARDED TO THE HUMAN RESOURCES OFFICE.
(b) IF NO INVOICE IS ATTACHED, COMPLETE THE INFORMATION BELOW, SIGN THIS FORM AND FORWARD IT TO THE ACCOUNTS PAYABLE OFFICE, EXCEPT FOR PAYMENTS TO INDIVIDUALS, WHICH MUST BE FORWARDED TO THE HUMAN RESOURCES OFFICE.

DATE	DESCRIPTION OF SERVICE	AMOUNT

(5) Budget Manager: _____ **Total**
Account Number: _____
Date: _____

_____ Date _____ Human Resources Dept.
_____ Date _____ Accounts Payable Dept.
_____ Date _____ Controller's Office
_____ Date _____ Finance & Budget Office