



INTERNAL PAYMENT REQUEST

PLEASE ISSUE THE FOLLOWING PAYMENT:

Payable to: _____

Description: _____

Amount: _____

Account: _____
Cost Element Cost Centre Functional Area Fund

APPROVAL BY BUDGET MANAGER: _____

DATE: _____
mm-dd-yyyy

COMMENTS: _____

Original, itemized receipts must be attached.

Please attach completed EFT Authorization form for new vendors.

PLEASE SUBMIT TO ACCOUNTS PAYABLE