

**VERMONT STATE COLLEGES  
REQUEST FOR PAYMENT**

<b>CHECK ONE:</b>	INVOICE#s	DATE:	
<input type="checkbox"/> Payment of Invoice <input type="checkbox"/> Advance <input type="checkbox"/> Reimbursement <input type="checkbox"/> Payment for Services (See box below)		Grant Expenditure?	YES    NO (circle if applicable)
		If Yes, please attach grant summary sheet	

**PAYMENT FOR SERVICES ONLY, please check one of the following:**

I am currently employed by the Vermont State Colleges. Payments will be made through Payroll. This includes student employees as well.  
 I am not currently employed by the VSC. A completed W-9 is attached or on file with Accounts Payable. I understand the VSC is required to file a 1099 with the federal government on all non-corporate payments in excess of \$600 on a calendar year basis.

Colleague/Vendor#:
Payable to:
Address:

<b>CHECK ONE:</b>
<input type="checkbox"/> Pick up in Business Office
<input type="checkbox"/> Mail Check to address provided
<input type="checkbox"/> EFT Direct Deposit

Provide detailed **DESCRIPTION** of the BUSINESS purpose for the goods, services, or reimbursements being purchased or reimbursed in this section of the Request for Payment Form (supporting documentation must be attached):

	Please Charge G/L Account(s):						Amount of Request:
(# of Digits Required)	GASB	ACTIVITY	PROGRAM	OBJECT	LOCATION	PROJECT ID	AMOUNT
<b>TOTAL</b>							

**REQUESTER:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

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

Extension # \_\_\_\_\_ 1664 \_\_\_\_\_

**ADVANCE/CONTRACT**

**SIGNATURE:** \_\_\_\_\_

date: \_\_\_\_\_

By signing this form, I acknowledge that the funds spent are for Business purposes, and in the case of an advance, I will return all documentation within ten days of the advance. PERFORMER/PRESENTER agrees to the contract

**APPROVALS:**

**Dept Chair/Budget Mgr/Dir. signature:** \_\_\_\_\_ Date: \_\_\_\_\_  
(all requests)

**Divisional Dean signature:** \_\_\_\_\_ Date: \_\_\_\_\_  
(amounts between \$2,000 and \$5,000)

**Dean of Administration signature:** \_\_\_\_\_ Date: \_\_\_\_\_  
(amounts exceeding \$5,000)

*Please provide any special instructions or additional information below:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>BUSINESS OFFICE USE ONLY:</b>	
Voucher # _____	Paid by ACH _____
Date _____	PO# _____
Approval _____	Other _____