

School/Dept./Div. _____

Location Code _____ Telephone _____

Requisitioner _____

Payment
Request No.**Please Print***This is your reference number
Alpha-numeric 10 digit maximum*

Pay to: _____

Pay to Address: _____

Vendor Number: _____ (required) or secure Bid Request Application from the
Procurement Web Page; have vendor complete and return to you for submitting with your Payment
Request. If business is registered in Shelby Co. - Business License Number _____

Fund	Function	Object	Department	Location	Project	Invoice Number or Description of Payment <i>Attach original invoice, registration form, subscription renewal form, contract, etc.</i>	Budgetary Total

Payment Total

Justification:

A	Director of Major Construction/Facilities: _____	Date	
P	Project Manager: _____	Date	
P	Chief: _____	Date	
R	Director - Federal Programs: _____	Date	
O	Principal: _____	Date	
V	Senior Accountant (Capital): _____	Date	
E	Controller, Accounting and Reporting: _____	Date	
D	Other (Title) _____	Date	