

# REQUISITION FOR PAYMENT

## FINANCE DEPARTMENT

DATE \_\_\_\_\_

PLEASE PAY TO \_\_\_\_\_

AMOUNT \_\_\_\_\_ CHARGE TO \_\_\_\_\_

PURPOSE OF PAYMENT \_\_\_\_\_

**PAID:**

CHECK No. \_\_\_\_\_

DATE \_\_\_\_\_

ENTERED BY \_\_\_\_\_

**AUTHORIZED SIGNATURES:**

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**(THREE DAYS NOTICE DUE ON ALL CHECKS)**

ADVISOR SIGNATURE \_\_\_\_\_

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