St. Lawrence University Payment Request

Pay to the Order of: _____ **Vendor #:** _____

(PLEASE PRINT LEGIBLY)

Payee _____ **Amount:** _____

Address _____

_____

_____

Account	**Amount**

Check Distribution: (circle one) U.S. Mail Campus Mail Pickup at Business Office

Purpose:(circle one) Travel Advance Honoraria (**attach W9**) Other: _____

Membership Dues Books/Subscriptions

Explanation (Who, What, Where, When, Why) _____

_____

_____

Please attach original supporting documents such as receipts and renewal notices (two copies if one is to be mailed with check).
All fields are required. Requests will be returned if all information is not completed legibly and receipt/documentation is not attached.
Individuals cannot sign their own reimbursement requests. Approval must come from the next level up.

_____

Approval **Date**

Note: Checks are printed every Friday by noon for payment requests received by Wednesday at 12 noon.

Requests for reimbursements to employees will be paid by direct deposit on Monday if the employee's salary is paid by direct deposit. If the employee's salary is paid by check, reimbursements will be paid by check as well.

Refer to the financial services website http://www.stlawu.edu/business/ for forms and more information.