

DATE: _____

PAYMENT REQUEST

DEPARTMENT _____ REQUESTOR _____ BUILDING _____ ROOM _____ TELEPHONE _____

PAY:

NAME _____
 ADDRESS _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 COUNTRY _____

SPECIFY PAYEE'S TAX ID # (SSN or EIN)

GWU EMPLOYEE? YES NO
 US CITIZEN? YES NO
If no is checked, then attach a copy of visa
 SOLE PROP. PARTNERSHIP (or LLC) CORP

Is this payment for travel or entertainment expenses for any federal, state or local public official (including family members)? YES NO

Message to Accounts Payable: _____

ATTACHMENT

Indicate if there are attachments to be included with the payment to the vendor:

Yes No

INVOICE NUMBER	INVOICE DATE	VENDOR NUMBER

CR. MEMO	TERMS	DUE DATE	DISCOUNT	1099
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ORACLE ALIAS	NATURAL ACCOUNT	DESCRIPTION	AMOUNT

PROJECT	TASK	AWARD	EXPENDITURE TYPE	EXPENDITURE DATE
ORGANIZATION			DESCRIPTION	

PROJECT	TASK	AWARD	EXPENDITURE TYPE	EXPENDITURE DATE
ORGANIZATION			DESCRIPTION	

TOTAL DISTRIBUTION AMOUNT (TOTAL OF INVOICE)

APPROVED FOR PAYMENT:

Authorized Signatures

AUDITED BY: _____

SHADED AREAS FOR ACCOUNTS PAYABLE USE ONLY

ACCOUNTING DISTRIBUTION					
PROJECT	TASK	AWARD	EXPENDITURE TYPE	EXPENDITURE DATE	AMOUNT
ORGANIZATION			DESCRIPTION		
PROJECT	TASK	AWARD	EXPENDITURE TYPE	EXPENDITURE DATE	
ORGANIZATION			DESCRIPTION		
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PAGE TOTAL					

