



REQUEST FOR PAYMENT

VENDOR

Vendor ID _____

Name: _____

Address: _____

INVOICE (please attach invoice)

Invoice No: _____

Date: _____

Amount: _____

P O No: _____

Please attach copy of PO

EXPENSE

Business purpose and/or justification (please provide all available information):

| Chartstring | | | | | | | | | | |
|-------------|--------------------------------------|----------|---------|------|-------------|---------|----------|------------|---------|------|
| No. | Amount | Bus Unit | Account | Dept | PC Bus Unit | Project | Activity | Initiative | Segment | Site |
| 1 | Description (maximum 30 characters): | | | | | | | | | |
| 2 | Description (maximum 30 characters): | | | | | | | | | |
| 3 | Description (maximum 30 characters): | | | | | | | | | |
| 4 | Description (maximum 30 characters): | | | | | | | | | |
| 5 | Description (maximum 30 characters): | | | | | | | | | |

Special Instructions:

Submitted by:

Approved by:

Name

Name

Signature and date