

PAYMENT TRANSMITTAL FORM

Total payment of \$100.00 OR LESS

(Requests for more than \$100.00 require a Requisition.) *

FUND CODE: _____ INDEX/ORGN CODE: _____ ACCT#: _____

VENDOR: _____

VENDOR'S BANNER ID#: _____

Total Payment Requested: \$ _____

	<u>Amount</u>	<u>Date</u>	<u>Invoice</u>
1.	\$ _____	_____	_____
2.	\$ _____	_____	_____
3.	\$ _____	_____	_____
4.	\$ _____	_____	_____
5.	\$ _____	_____	_____
6.	\$ _____	_____	_____
7.	\$ _____	_____	_____
8.	\$ _____	_____	_____

I certify this is a true and just claim for expenses incurred on behalf of the College and that the vendor has not been previously reimbursed for these purchases.

Purchased/Requested by: _____
Signature Date

Approved by: _____
Administrator Signature Title Date

**Note: Number and attach all documents to conform to the lines above.
Documents must be original; copies are not acceptable.
Repeated requests for payment to the same vendor will be returned.
*A purchase order will be requested on requests exceeding \$100.**

Each form can only include one (1) Index/Account code combination.

**Send all forms with their attachments and the required signatures to:
Accounts Payable, Room 232 NFL Building.**