

**REQUEST FOR PAYMENT
EASTERN ILLINOIS UNIVERSITY**

Date:

Payee Name:

Payee Banner E#

Address 1:

Address 2:

City / State / Zip:

ORGANIZATION OR FUND NUMBER	ACCOUNT	INVOICE NUMBER / DESCRIPTION	INVOICE DATE	AMOUNT

EXPLANATION / DESCRIPTION

TOTAL \$ _____

ORIGINAL INVOICE MUST BE ATTACHED

I certify that the goods or services specified on this voucher were for the use of this agency and that the expenditure for such goods or services was authorized and lawfully incurred, that such goods or services meet all the required standards set forth in this purchase agreement or contract to which this voucher relates; and that the amount shown on this voucher is correct and approved for payment.

Approved by _____
Financial Manager

Date _____

Contact Person for Additional Information:

Name Phone

Special Handling

1099 INFORMATION

Reviewed by _____ Date _____