



**PELLISSIPPI STATE
COMMUNITY COLLEGE**

REQUEST FOR PAYMENT

Date _____

Payee _____ Amount _____

Street _____

City _____ State _____ Zip _____

Description _____

Budgetary Official or Requester _____

Vice President of Business & Finance _____

Index Code	Account Code	Amount

(This box for Business Office use only)

RFP No. _____ Vendor No. _____ Bank No. _____ Voucher No. _____

Invoice No. _____ Invoice Date _____ Due Date _____

1099: _____ P/F: _____ TC: _____ Vouchered by: _____ Data Entry: _____
Initials Date

Wire: ACH | EFT | EDI: Internal Transfer: Electronic: Paper Check:

From Account: _____ To Account: _____

Bank Trans: _____ Chk Reg: _____ Data Entry: _____
Initials Date Initials Date Initials Date