

Payment Request

Send Check to:

APH _____

CKS _____

DEC _____

DUN _____

LKS _____

NWT _____

MAIL _____

PHONE _____

Student Accounts will call when check is available for pickup.

Advance Pre-payment Goods

Services Stipend Purchase Order*

Registration Fees or Memberships Other

Date _____ From _____ Department _____

Requestors Name _____

Approved _____
Budget Manager's Name _____ Signature _____

Amount\$ _____ **Check due date _____
**Allow 7 business day minimum processing by AP

Purpose _____ *Purchase Order No. _____

Payee Info: University System of GA Employee? Yes No Previously
 Georgia Perimeter College Student? Yes No
 First Time Payee? Yes No [If yes, be sure to attach Payee's W9 and a Minority Data Form]

Name _____ SSN _____ FEI _____

Payment Address _____
Street Number or P.O. Box

Apt: _____ City _____ State _____ Zip _____

Distribution: Note: Is this payment Purchase Order related? If yes, list PO# _____
 If not PO related, proceed with distribution:

Department ID	SPD	Account	Fund	PRG	Class	Project	Amount
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Special Handling: Attachment Separate 1099

Logistical Services: 678-891-3325 Request number _____

PO Dispatched Received Reviewed by: _____ Date _____

Accounts Payable: 678-891-2070

VID _____ PO _____ Final _____ Invoice # _____

GRP _____ VCH _____ Invoice Date _____

Processed By: _____ AP Manager _____