

LAMAR UNIVERSITY

REQUEST TO PAY VENDOR OR PAYEE

F4.7

TO: Accounts Payable - P. O. Box 10003

BANNER INDEX

BANNER ACCT.

Finance Use Only

Please furnish the following and attach backup (invoices, receipts, etc.).

DATE _____

INVOICE NUMBER / REFERENCE NUMBER	NAME AND ADDRESS OF VENDOR OR PAYEE	ITEM NUMBER	AMOUNT
Federal ID/Soc. Sec. No. :			
Requested by _____		Request Total	
Department _____			
Division _____			

Justification / Description: _____

*If no Purchase Order, provide justification and description of item(s) on receipt(s).
(Note: State Law prohibits payment of State Sales Tax with University Funds).*

The above Lamar University-related expense was incurred by me and I have not received previous reimbursement for this expense.	Employee's Printed Name: _____ Employee's Signature: _____ Date: _____
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To the best of my knowledge, Lamar has received the goods & services associated with the attached invoice(s), and the Vendor or Payee is due the amount(s) indicated.	Approval Printed Name: _____ Approval Signature: _____ Date: _____
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Person having signature authority on above index