

FACULTY-LED PROGRAM PAYMENT REQUEST FORM

1. Name of faculty member _____

2. Program _____

3. Vendor's Name _____

All first-time vendors must complete the Vendor Maintenance Request Form/FS01 before payment can be processed.

4. Amount to be paid _____

5. Invoice Payment deadline _____

Payments may take a minimum of 10 business days to be processed. Please consider additional days for mailing/delivery.

6. Payment must be made in this currency _____

7. If payment will be made by check, please provide the following information.

Name of contact person _____

Phone number _____

Mailing address _____

8. If payment will be made by wire transfer, please provide the following information.

Bank country _____

Bank name _____

Bank address _____

Bank SWIFT code _____

International routing code (if applicable) _____

9. If payment will be made by credit card, please provide the following information.

Name of contact person _____

Phone number _____

Email _____

FACULTY-LED PROGRAM PAYMENT REQUEST FORM

9. Is there a contract associated with the payment of this bill? Yes No

10. Has this contract been signed? Yes No

If not, please attach a copy of the contract. Payment will not be submitted to the vendor until the contract is reviewed by the University Attorney, and signed by the Vice President for Finance and Support Services. Please allow a minimum of 10 business days for this process.

12. Purpose of expenditure _____

13. Identify the budget line where this expense has been anticipated on your budget form.

I have reviewed the attached invoice, and it is correct. I understand that the invoice must clearly state the items/services to be paid, and otherwise payments will not be processed; a breakdown describing the services provided is required. I approve this expense to be taken out of my program's budget.

APD Signature _____ Date _____

For Study Abroad Use Only

Date Received _____ Date Reviewed _____

Comments _____

FACULTY-LED PROGRAM PAYMENT REQUEST FORM