

REQUEST FOR RECURRING PAYMENTS

Purchasing Office

This form must be attached to the Purchase Requisition.

PURCHASE REQUISITION INFORMATION

Purchase Requisition Number

LEASE / CONTRACT INFORMATION

Vendor # / Vendor Name

Department

Contact

Phone Number/E-mail

TERMS AND CONDITIONS

1. Validity Dates Beginning Date: _____ Ending Date: _____

2. Monthly Payment Amount _____

3. Payment Due Date _____

FULLY EXECUTED CONTRACT MUST BE ATTACHED.

COST ALLOCATION

Provide the funding source(s) where the recurring payments will be posted. The funding and amounts (percents) must be consistent to ensure the smooth flow of this process.

Cost Center	Fund	Internal Order	Grant Name	Grant End Date	Amount	%

PRIOR YEAR ENCUMBRANCE

Complete this field if terminating this contract.

If all payments have been processed, can Purchasing close out any prior year/remaining encumbrances? Yes No

AUTHORIZATION

This authorization approves the creation of a purchase requisition for the remainder of the fiscal year, and the automatic processing of recurring payment by Accounts Payable. The account manager accepts responsibility to notify Purchasing and Accounts Payable any contract and payment changes to ensure proper payments are made to the applicable vendor.

Account Manager Signature

Date

Approval

Yes No

Office of Research and Sponsored Programs (Grant Funds Only)

Date

Approval

Yes No