

PAYMENT REQUEST

Check No. _____

Date : _____

Bank: **FB**

FUND : **119987** DESCRIPTION: **Provost**

MANAGER: **Robert Nival**

AMOUNT : _____

Banner I.D. _____

PAYEE NAME : _____

ADDRESS : _____

CITY : _____ STATE : _____ ZIP : _____

SOCIAL SECURITY NUMBER OR FEDERAL ID (REQUIRED) _____

- 731871 SCHOLARSHIP/FELLOWSHIP FOR THE MONTH OF _____ (Tuition)
INCLUDE SCHOLARSHIP CERTIFICATION FORM
 - 731559 SCHOLARSHIP/FELLOWSHIP FOR THE MONTH OF _____ (Non-Tuition)
INCLUDE SCHOLARSHIP CERTIFICATION FORM *Non Service Connected*
 - 714401 CONSULTANT - UNDER \$1,000 (Non-CUNY Employees Only)
INCLUDE MEMO OF UNDERSTANDING AND INVOICE
 - 714480 CONTRACTUAL AGREEMENT - \$1,000 and over (Non-CUNY Employees Only)
INCLUDE INVOICE (AGREEMENT FORM MUST BE ON FILE)
 - 714480 HONORARIUM (Non-CUNY Employees Only)
INCLUDE GD-5 FORM AND COPY OF FLYER OR ANNOUNCEMENT
 - OTHER: _____ *Business Office*
INCLUDE ORIGINAL VENDOR INVOICE *Check here*
 - REIMBURSE OUT OF POCKET EXPENSE *for 1099*
PLEASE DETAIL BELOW AND ATTACH ORIGINAL RECEIPTS
- | | | | |
|------------------------|----------|--------------------|----------|
| 711440 LOCAL TRAVEL | \$ _____ | 712410 POSTAGE | \$ _____ |
| 712200 SUPPLIES | \$ _____ | 712203 HOSPITALITY | \$ _____ |
| OTHER (PLEASE EXPLAIN) | \$ _____ | | |

- 731311 Salary and Fringe Benefits for: _____
- 731315 Salary and Fringe Benefits for Student: _____

With my signature below, I certify that this request for payment is for College related business, and is in compliance with any outside restrictions of this fund.

REQUEST APPROVED BY: _____ Telephone : _____

Check Should Be Mailed Check Will Be Picked Up

Please do not call. Check processing takes three (3) to five (5) days.

For Business Office Use Only

COA : F Fund : 119987 Orgn : _____ Acct : _____ Prog : 211054

Bank: **FB**