|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Requester Information:** | | | | | | | | |
| Requester Name: | |  | | | | | | |
| Department/Division: | |  | | Contact Email: | |  | |
| Contact Phone Number(s): | |  | |  | |  | |
| **Vendor Information:** | | | | | | | | |
| Vendor Name: | |  | | | | | | |
| Vendor Contact Person (if known): | | | |  | | | |
| Vendor Email: | |  | | Vendor Phone Number: | |  | |
| **Invoice Details:** | | | | | | | | |
| Invoice Number (if known): | |  | | Invoice Date: | |  | |
| Description of Goods/Services: | |  | | | | | | |
| PO Number (if applicable): |  | | Amount: | $[amount] | Tax (if applicable): | |  |
| **Payment Information:** | | | | | | | | |
| Payment Terms: | | | | Preferred Payment Method: | | Check [ ] Wire Transfer [ ] Credit Card [ ] Other (Specify): | |
| Payment Address: | | (if different from vendor address) | | | | | | |
| Additional Notes/Instructions: | |  | | | | | | |

**Authorization:**

I certify that the goods / services listed above were received or rendered in accordance with the terms and conditions of our agreement with the vendor.

Requester Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval:**

This request is approved for processing.

|  |  |  |  |
| --- | --- | --- | --- |
| Manager Name: |  | | |
| Manager Signature: |  | Date: |  |