



PAYMENT REQUEST FORM

****Note: You are encouraged to use a P-Card for this expenditure if allowable under the University P-Card Regulations. To find out if your expenditure is allowable please view the P-Card Manual found [here](#). A T-Card is preferred for registration fees only.**

***If your intent is to initiate a wire transfer, please use the Foreign Vendor Payment Form found [here](#).**

Department Requesting This Payment			
Department Name:	<input type="text"/>	Contact:	<input type="text"/>
Phone #:	<input type="text"/>	Email:	<input type="text"/>
Date Requested:	<input type="text"/>	Date Required:	<input type="text"/>

Special Handling Request		
<i>*If this is the first check the individual is picking up, please make sure he/she brings a Picture ID for identification purposes.</i>		
<input type="checkbox"/> Hold check for Department pickup?	To be picked up by: <input type="text"/>	Phone #: <input type="text"/>

Vendor Information			
Vendor/Payee Name:	<input type="text"/>	Vendor ID:	<input type="text"/>
		FSU Employee ?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remit Address:	Street/PO Box:	<input type="text"/>	
	City:	State:	Zip Code:

Distribution Information			
Invoice #:	<input type="text"/>	Invoice Date:	<input type="text"/>
		P. O. #:	<input type="text"/>

For Non-Duty Stipends and Research Participants please select the applicable account code:												
	Dept.	Fund	Project	Account Code	Chartfield 1*	Chartfield 2*	Chartfield 3*	Activity ID**	Resource Type*	Resource Category***	Sub Category***	Asset
<input type="text"/>												
<input type="text"/>												
<input type="text"/>												
<input type="text"/>												
<input type="text"/>	Total Amt	*Optional **Required for Projects Only ***Optional for Projects										

***For Non-Duty Stipend or Research Participant payments on non-research sponsored funds, please attain approval from the Provost Office.**

Comments/Justification For The Request	<input style="width: 100%; height: 50px;" type="text"/>
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Payment Request Approvals

Department Head/Budget Manager's Signature and Date:

Provost Office Approver's Signature (if applicable) and Date:

To be completed by Accounts Payable/UBA Staff/Decentralized Sites	
Unit Code:	Processed By:
Voucher #:	Date Processed:

Sponsored Research Approval: