

LONGWOOD UNIVERSITY



BANNER PAYMENT REQUEST FORM ACCOUNTING AND FINANCIAL REPORTING

DATE PREPARED:		(Select One) <input type="checkbox"/> Mail	<input type="button" value="Clear Form"/>
DATE NEEDED BY:			
DEPARTMENT PHONE:			
MAKE CHECK PAYABLE TO:			
ADDRESS:			
	(Select One) <input type="checkbox"/> REIMBURSEMENT (Select One) <input type="checkbox"/> STUDENT ACTIVITY (Select One) <input type="checkbox"/> REGISTRATION (Select One) <input type="checkbox"/> EMERGENCY		
	(Select One) <input type="checkbox"/> GOODS/SERVICES RECEIVED (Select One) <input type="checkbox"/> MEMBERSHIP/SUBSCRIPTION (Select One) <input type="checkbox"/> OTHER		

SWAM Solicited (Y or N):	
eVA Exclusion (Y or N):	
If yes, enter the two digit eVA exclusion number (01-28):	
Obtained release for not using Mandatory Contract (Y or N)	
Verification that Vendor has proper insurance - for services only (Y or N)	

PURPOSE/DESCRIPTION: (RECEIPTS REQUIRED)	
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DATE GOODS RECEIVED (IF APPLICABLE)		
	A	B
BANNER INDEX or FUND & ORGANIZATION		
BANNER ACCOUNT CODE:		
SUBTOTAL :		
AMOUNT OF PAYMENT (total of columns A & B):		
PAYMENT AUTHORIZED BY (SIGNATURE):		
PRINTED NAME/DATE:		
TITLE:		

I certify by the above signature that I am authorized to sign off on the above Banner account and that all goods or services have been received in good condition (if applicable) and are appropriate charges against this account

ACCOUNTING USE ONLY

BANNER VENDOR #		SAF APPROVAL	
DOCUMENT #		ACCOUNTING APPROVAL	
DATE			
AMOUNT		KEYED BY	
CHECK #		MAILED BY	
CHECK ACCEPTED BY:			