



Use form only when PO or PCard cannot be used. Send the completed payment request with supporting documents to Rollins Hall, Accounts Payable or email invoice@odu.edu.

TO:	Accounts Payable				
FROM:		DEPARTMENT:			
DATE:					
SUBJECT:	AP Payment Request				
Vendor Information					
Vendor Name					
Vendor Number (Federal Tax ID Number)					
Vendor Mailing Address					
City		State		Zip	
Payment Information					
Reason for Payment	Honorarium: Attach agreement				
	Award: Attach documentation				
	Refund: Attach documentation				
	Independent Contractor: Attach IPSC form and IP checklist or worker classification questionnaire.				
	Other: (Specify & attach documentation)				
Amount					
Budget Code		Sub- Account Code			
Check Distribution	AP mail to Vendor			Deliver to Cashiers Office for Deposit	
	Department will pick – up Provide reason pick up needed				
Department Contact Information					
Contact Name		Department			
Contact Phone Number		Contact Email			
Department Approval					
Authorized Approver must have signature authority for budget code.					
Name				Date:	
Signature					

Use form only when PO or PCard cannot be used. Send the completed payment request with supporting documents to Rollins Hall, Accounts Payable or email invoice@odu.edu.