Payment / Purchase / Miscellaneous Reimbursement Request Form

Requestor Information

Dept./Center/Program
Requested by: ____________________  Today’s date: ____________
Charge to Account: ____________________

Account Authorization:
(Signature of Account Owner or Department Representative)

Transaction Information

☐ PAY INDIVIDUAL*  (Amount: $ _________ )  Penn ID:
  Payee Name: ____________________
  Payee Address: ____________________

☐ Services (include signed W-9, C-12) – describe services: ____________________
☐ Honorarium/Lecture Fee (include signed W-9, lecture poster) (Amount: $ _________ )
☐ Miscellaneous Reimbursement (reason: ____________________)

*Note: for individuals who are NOT United States citizens or resident aliens (green card), please consult the business office well in advance of their visit for advice on payment requirements.

☐ ORDER FROM OR PAY A VENDOR  (Amount: $ _________ )
  Vendor Name: ____________________
  Vendor Address: ____________________
  Vendor Phone: ____________________

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<th>QTY.</th>
<th>ITEM #</th>
<th>ORDER / PAYMENT DESCRIPTION</th>
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Please include item # from Office Depot catalog for supply order; use separate sheet or back for additional items

☐ TRANSFER MONEY TO ANOTHER UNIVERSITY DEPARTMENT
  Department to receive money: ____________________  Amount to be transferred: ____________________
  Reason/contact person: ____________________

Please attach any backup correspondence, lecture posters, or forms to this request. If you have any doubt as to what is required for a specific transaction, please contact your Business Office.

DO NOT WRITE BELOW THIS LINE – For Business Office Use Only

☐ Purchase Order  FinMIS COA: ____________________
☐ Procard
☐ C-368 Form  Total Actual Cost: PO#: ____________________
☐ C-1/C-1A Form  Order date: Person taking order: ____________________
☐ Other:  JE Batch number: Date: ____________________

Revised 03/05/04