PAYMENT REQUEST FORM

Voucher #	
Today's Date	

mm/dd/yyyy

VENDOR	
Name	
Address	
Vendor# (Spectrum Plus)	

NOTES
*Enter Voucher into Spectrum Plus 8.9
*Ensure Approval through Workflow
*Check Hold Policy Must be Followed and Requested in Advance of the Form Submission
*Deliver Payment Request with Attachments:

Office of Disbursements
400-A Sparks Hall, P.O. Box 4030
Atlanta, GA 30302-4030

CITIZENSHIP

Is the payee (Vendor) a U.S. Citizen or Permanent Resident Alien (Green Card Holder)?

	(Click to Select **Yes** or **No**)

Is the entity foreign based or an agent for a foreign national?
(Click to Select **Yes** or **No**)

Is the vendor/payee an employee of Georgia State University? (Click to select **Yes** or **No**)
Is the vendor/payee a student of Georgia State University? (Click to select **Yes** or **No**)
Is the vendor/payee an employee of a University System of Georgia Institution? (Click to select **Yes** or **No**)

PURPOSE/REASON FOR PAYMENT/DESCRIPTION OF SERVICES

Istock Photos reimbursement for design work

INVOICE NUMBER	REIMBPARKING thru 071912
GROSS PAYMENT AMOUNT	$0.00

PAYMENT DISTRIBUTION

↓ %- Percent Distribution	Gross Payment-Calculated from %	OR	↓ $ AMOUNT	SPEEDCHART	ACCOUNT CODE	DESCRIPTION
0%	$0.00					Photo reimbursement
0%	$0.00					
0%	$0.00					
0%	$0.00					
0%	$0.00					
0%	$0.00		$208.00			

$208.00	**GRAND TOTAL** (must equal gross payment)

Initiator
Signature_____ Printed Name_____ Date_____
By signing, I am stating that to my knowledge the information presented on this Payment Request and the attached documentation is true and factual.

Payee/Individual (Vendor)
Signature_____ Printed Name_____ Date_ ___
I certify that I have not received reimbursement from another source(s) for any expenses/services claimed. In the event payment is received from another source(s) for any portion of the expenses/services claimed, I assume responsibility for repaying the University in full for those expenses. Additionally, I certify that any information I provide to the University pertaining to payment for my services is accurate and complete and I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to
backup withholding as a result of a failure to report all interests or dividends, or the IRS has notified me that I am no longer subject to backup withholding. The gross amount is accepted as payment in full.

Auth. Approver for Budget
Signature_____ Printed Name_____ Date_____
By signing the voucher, the individual is certifying that he/she is authorized on the ChartField combination(s) that the charges are appropriate to the ChartField combination(s) being charged and the charges are legitimate expenses within the University guidelines.