

Accounts Payable Payment Request

Office of the Controller’s Office

|  |  |
| --- | --- |
| VENDOR NUMBER(Leave blank if unknown) |  |
| VENDOR NAME |  |
| PAYMENT STREET ADDRESS |  |
| CITY, STATE, ZIP |  |
| INVOICE DATE |  |
| INVOICE NUMBER (Enter invoice date according to the invoice convention) |  |
| PAYMENT TYPE | Choose an item.(Select from above drop-down menu) |
| *VENDOR TYPE* | Choose an item.(Select from above drop-down menu) |
|  REQUEST TYPE | Choose an item.(Select from above drop-down menu) |
| INVOICE AMOUNT | $  |
| SHIPPING/HANDLING | $  |
| TOTAL AMOUNT | $  |
| SUBMITTER NAME |  |
| DEPARTMENT |  |
| FOAPAL |  |

Please use this payment form for all requests that DO NOT already have a vendor invoice.