

Technical College System of Georgia  
**REQUEST FOR PAYMENT**

(Please do not use this form if a Purchase Order was generated)

**VENDOR'S NAME & REMITTANCE ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FORM USE ONLY**

- HOTEL
- DUES
- COURIER SVCS
- MEMBERSHIP
- REGISTRATION
- TEMP SERVICES
- UTILITIES
- SUBSCRIPTION

**FEI/VENDOR#** \_\_\_\_\_ **Loc. #** \_\_\_\_\_

DESCRIPTION	INVOICE NO.	AMOUNT
<b>Special Instructions:</b>		
Requesting Department:	<b>TOTAL</b>	<b>\$ -</b>

\_\_\_\_\_

Print Name

Requestor: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_

Departmental Mgr. \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_

Approving Official/Assistant Commissioner \_\_\_\_\_ Date \_\_\_\_\_

**Mailing Request**

Mail Check, but provide copy to Requestor

Do Not Mail, Return Check to Requestor

*If not indicated, payment will mail directly to the remittance address*

**BUDGET DEPARTMENT/ ACCOUNTING DEPARTMENT USE ONLY**

Account	Fund	Department/Org.	Fund Source	Program	Class	Project	Amount

Budget	
Approved	<u>Signature</u>
Denied	

Accounting		
Voucher #	Initial	Entry Date