

# The University of Mississippi Request for Payment

To: Procurement Services

From: \_\_\_\_\_

e-mail \_\_\_\_\_

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

Payment to: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Cost Center/Internal Order

G/L Code

Amount

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Information to be included on check stub:

Reference: \_\_\_\_\_ (This will always be the invoice number if available)

(Maximum of 16 characters)

Text: \_\_\_\_\_

Signatory Officer: \_\_\_\_\_ Document Number: \_\_\_\_\_