

Villanova University
Request for Payment
 (for outside vendors ONLY)

 voucher # Procurement use

Payee Banner ID: _____

Date Prepared: _____

Payee: _____

- Invoice Payment
- Independent Contractor (W-9 required)
- Honorarium (W-9 required)
- Other _____

Address: _____

City: _____ State: _____ Zip: _____

Requestor _____

Department and Ext _____

Payment Information

Invoice Date	Invoice Number	Index / Account	Amount

1099 Payment: ___yes ___no

Total _____

Explanation of Payment: _____

Note: All original receipts or supporting documentation MUST be attached

Check Disposition

- Mail directly with enclosure
- Send to Requestor (honorariums only) attn: _____ Department: _____
- Special Requests: _____

Approvals

see the approval policy for approval levels

 Approver Name and Title - Please Print

 Signature and Date

 Approver Name and Title - Please Print

 Signature and Date

 Approver Name and Title - Please Print

 Signature and Date

Official Use Only:

Reviewed By _____

Procurement Approval: _____

Controllers Office: _____