



Return to: \_\_\_\_\_

At:

- o Clarkston
- o Decatur
- o Dunwoody
- o Lawrenceville
- o Rockdale
- o Mail

Phone \_\_\_\_\_

# Payment Request

DATE: \_\_\_\_\_

Per Diem      Pre-payment\*\*      Registration\*\*      Other

FROM: \_\_\_\_\_  
Department

Approved by: \_\_\_\_\_  
Budget Manager

Amount Requested: \$ \_\_\_\_\_

Check Due Date: \* \_\_\_\_\_

\*Allow a Minimum of Seven (7) Business Days for Processing.

## FOR PURPOSE INDICATED BELOW

Explanation \_\_\_\_\_

## PAYABLE TO

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Georgia Gwinnett College Employee?    Yes    No    Federal I.D. # \_\_\_\_\_

Address \_\_\_\_\_  
Street Address or P.O. Box

City

State

Zip Code

Department I.D.	Account	SPD	Fund	PRG	Class	Amount
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____

## FOR ACCOUNTING USE ONLY

VID: \_\_\_\_\_

Attachment

GRP: \_\_\_\_\_

Invoice Number: \_\_\_\_\_

VHR: \_\_\_\_\_

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

Processed By: \_\_\_\_\_

Approved By: \_\_\_\_\_

\*\*Must have two copies of supporting documentation attached (ie: registrations, subscriptions and order forms).