



PAYMENT REQUEST FORM

****Note: You are encouraged to use a P-Card for this expenditure if allowable under the University P-Card Regulations. To find out if your expenditure is allowable please view the P-Card Manual found [here](#). A T-Card is preferred for registration fees only.**

***If your intent is to initiate a wire transfer, please use the Foreign Vendor Payment Form found [here](#).**

Department Requesting This Payment			
Department Name:		Contact:	
Phone #:		Email:	
Date Requested:		Date Required:	

Special Handling Request		
<i>*If this is the first check the individual is picking up, please make sure he/she brings a Picture ID for identification purposes.</i>		
<input type="checkbox"/> Hold check for Department pickup?	To be picked up by:	Phone #:

Vendor Information			
Vendor/Payee Name:		Vendor ID:	FSU Employee ?:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Remit Address:	Street/PO Box:	Suite:	
	City:	State:	Zip Code:

Distribution Information			
Invoice #:		Invoice Date:	P. O. #:

For Non-Duty Stipends and Research Participants please select the applicable account code:												
	Dept.	Fund	Project	Account Code	Chartfield 1*	Chartfield 2*	Chartfield 3*	Activity ID**	Resource Type*	Resource Category***	Sub Category***	Asset
	Total Amt		*Optional			**Required for Projects Only			***Optional for Projects			

***For Non-Duty Stipend or Research Participant payments on non-research sponsored funds, please attain approval from the Provost Office.**

Comments/Justification For The Request	
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Payment Request Approvals	
Department Head/Budget Manager's Signature:	Date:
Provost Office Approver's Signature (if applicable):	Date:

To be completed by Accounts Payable/UBA Staff/Decentralized Sites	
Unit Code: _____	Processed By: _____
Voucher #: _____	Date Processed: _____

Sponsored Research Approval