

REQUEST FOR VENDOR PAYMENT FORM

Detailed guidelines can be accessed from the Financial Policies and Procedures Handbook, online <https://www3.tusculum.edu/finance/>; pages 11-13.

Vendor Name _____

Vendor Remit Address _____

Invoice #	Description	Invoice Amount	Account Number	Amount (if multiple GL#s in one invoice)
Grand Total				

Requestor Name (Print) _____ Signature _____ Date _____

Approvals:			
Budget Manager	_____	Signature _____	Date _____
Cabinet Member	_____	Signature _____	Date _____
CFO	_____	Signature _____	Date _____
President (if over \$1,000)	_____	Signature _____	Date _____

SIGNATURE/APPROVAL REQUIREMENTS	
\$50 or Less	No form necessary
\$51 - \$500	Budget Manager
\$501 - \$1000	Budget Mgr, Immediate Supervisor (or Cabinet Member)
\$1001 or Greater	Budget Mgr, Immediate Supervisor (Cabinet Member), CFO, President