

PAYMENT REQUISITION/REIMBURSEMENT

Date: _____

Payee (Name): _____ Vendor Number: _____

Address: _____

Item Description	BARS/Account Code	PM Code	Amount
			\$
			\$
			\$
			\$
			\$
			\$
TOTAL:			\$

Explanation for payment:

Requested By: _____ Signature: _____

Approved By: _____ Signature: _____