LONGWOOD UNIVERSITY

OFFICE OF ADMINISTRATION & FINANCE

BANNER PAYMENT REQUEST FORM

Date Prepared _____ Payment Request Date _____

REQUEST INFORMATION

Please select the justification for this payment

☐ Reimbursement ☐ Registration ☐ Goods/Services Received ☐ Other

☐ Student Activity ☐ Emergency ☐ Membership/Subscription

Please provide a purpose or description below, including date goods received, if applicable.

_____

_____

SWAM Solicited ☐ Yes ☐ No Obtained release for not using Mandatory Contract ☐ Yes ☐ No

eVA Exclusion ☐ Yes ☐ No If yes, enter the eVA exclusion number (01-28) _____

Verification that Vendor has proper insurance - for services only ☐ Yes ☐ No

Payment Requestor _____ Department _____ Ext. _____ Date _____

BUDGET INFORMATION

All budget information is required prior to submission for approval.
If funding is split between accounts, please fill out account information for all accounts used.

Banner Index _____ Banner Account Code _____ Amount _____

Banner Index _____ Banner Account Code _____ Amount _____

Banner Index _____ Banner Account Code _____ Amount _____

☐ Pickup

☐ Mailed Check

☐ ACH Transfer

Amount of Payment _____

Make Check Payable To _____

Address _____

_____

AUTHORIZATION

All signature lines are required for final approval.

Vice President _____ Date _____

Budget Office _____ Date _____

President _____ Date _____

ACCOUNTING USE ONLY

Banner Vendor No. _____ SAF Approval _____ Accounting Approval _____

Document No. _____ Date _____ Check # _____ Amount _____

Keyed By _____ Mailed By _____ Check Accepted By _____

☐ This form has been submitted to the Budget Office *(required)*