Complete this form for payment request(s) related to faculty-led study abroad programs. Payment request(s) must be accompanied by an invoice. Reimbursements also require proof of payment (receipt, zeroed-out invoice, credit card statement).

Allow two weeks for payments to be processed. When required by vendors, payments can be expedited. Contact the Center for Global Engagement in advance if you believe your payment may need to be expedited.

| Requesting prog | gram leader(s): | | | | |
|---|---|--|----|-----------|----|
| | | | | | |
| | inding to this invoice? Ye ject to state purchasing guidelines, it car | | | nding: | |
| Is this a request f | for reimbursement? Yes | No | | | |
| Is this a request f | for advancement of funds? | Yes | No | | |
| Payee: | | | | | |
| *If this is a rei | imbursement, list original payee. | | | | |
| Description of ex | xpense (airfare, lodging, guide | e, etc.): | | | |
| Amount: | Due date: | _ Pay full amount now? Yes No | | | No |
| Currency of invoice: | | _ Payment schedule (if applicable) | | | |
| All non-USD payments processed by wire transfers will be completed in the currency indicated on the invoice. There are no additional fees for conversion or to process by wire. The final amount debited from the program account will be in USD and based on the conversion rate on the day payment is wired. | | Amount: | | Due date: | |
| | | Amount: Due date: Amount: Due date: | | | |
| | | | | | |
| | Method | of paymen | t | | |
| Wire | Check | Check | | | |
| Bank Name: | | Make check payable to: | | | |
| | | | | | |
| Name on Account: | | Mail to | : | | |
| Account: Sort Code: BIC/Swift: | | | | | |
| | | | | | |
| | | | | | |
| IBAN: | | | | | |
| | | | | | |

Type initials here to serve as signature

Date