



Engaging the culture, changing the world®

Seattle Pacific UNIVERSITY

REQUEST FOR PAYMENT/CHECK REQUEST

DUE DATE \_\_\_\_\_  
ASSP-REVISED 9/08



**PAYEE INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAIL TO OFF-CAMPUS ADDRESS

PICK-UP WHEN READY – PHONE EXT: \_\_\_\_\_

OTHER: \_\_\_\_\_

**DESCRIPTION AND PURPOSE OF PAYMENT:** (MUST BE COMPLETED

FOR PAYMENT TO BE PROCESSED.)

ASSP Organization Name: \_\_\_\_\_

VENDOR NO.	DOCUMENT NO.	CHECK NO.	ACCT. DEPT.-EXTENDED & CHECKED BY:

	AUTHORITY SIGNATURE	DATE
ASSP Budget Manager		
ASSP Finance		
BUDGET APPROVAL		
APPROVED FOR PAYMENT		

**CHECK STUB - PAYMENT INFORMATION**

P.O. NUMBER	DESCRIPTION (16 MAX.)	DATE	GROSS AMOUNT	DISCOUNT	NET AMOUNT	FUND	PROGRAM	ACCOUNT	AMOUNT DB(-CR)	P.O. AMOUNT
							2813			
							2813			
							2813			
							2813			
							2813			
							2813			
							2813			
							2813			
							2813			
							2813			
<b>TOTAL:</b>										

SPU Finance

ASSP Finance