

ST. LAWRENCE UNIVERSITY PAYMENT REQUEST

Pay to the Order of: \_\_\_\_\_  
(PLEASE PRINT LEGIBLY)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check Distribution: (circle one)      US Mail      Direct Deposit      Campus Mail      P/U Business Office

Vendor #: \_\_\_\_\_ Total Amount: \_\_\_\_\_

Account #: \_\_\_\_\_ Object Code: \_\_\_\_\_ Total: \_\_\_\_\_

Account #: \_\_\_\_\_ Object Code: \_\_\_\_\_ Total: \_\_\_\_\_

Explanation (Who, What, Where, When, Why): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Please attach original supporting documents such as receipts and renewal notices (two copies is one is to be mailed with check). All fields are required. Requests will be returned if all information is not completed legibly and receipt/documentation is not attached. Individuals cannot sign their own reimbursement requests. Approval must come from the next level up.

\_\_\_\_\_  
APPROVAL

\_\_\_\_\_  
DATE

NOTE: Checks are printed every Friday by Noon for payment requests received by Wednesday at 12 Noon.

Requests for reimbursements to employees will be paid by direct deposit on Friday if the employee's salary is paid by direct deposit. If the employee's salary is paid by check, reimbursements will be paid by check as well.

Refer to the financial services website <http://www.stlawu.edu/business/> for forms and more information.