



## INTERNAL PAYMENT REQUEST

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PLEASE ISSUE THE FOLLOWING PAYMENT:

Payable to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_

Amount: \_\_\_\_\_

Account: \_\_\_\_\_  
Cost Element      Cost Centre      Functional Area      Fund

APPROVAL BY BUDGET MANAGER: \_\_\_\_\_

DATE: \_\_\_\_\_  
mm-dd-yyyy

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

**Original, itemized receipts must be attached.**

**Please attach completed EFT Authorization form for new vendors.**

**PLEASE SUBMIT TO ACCOUNTS PAYABLE**