

The George Washington University

Date: _____

PAYMENT REQUEST

DEPARTMENT _____ REQUESTOR _____ BUILDING _____ ROOM _____ TELEPHONE _____ EMAIL _____

NAME _____
 ADDRESS _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 COUNTRY _____

PAYEE'S TAX ID # (GWID, SSN, OR EIN) _____

GWU EMPLOYEE? Yes No US CITIZEN? Yes No

If no is checked, then attach a copy of visa.

SOLE PROP. PARTNERSHIP (or LLC) CORP

Is this payment for travel or entertainment expenses for any federal, state, or local public official (including family members)?

Yes No

Message to Accounts Payable: _____

ATTACHMENT

Indicate if there are attachments to be included with the payment to the vendor:

Yes No

REGIONS (FOREIGN ACCOUNTS ONLY)	TYPE OF ACTIVITY (FOREIGN ACCOUNTS ONLY)

INVOICE NUMBER	INVOICE DATE	SUPPLIER NUMBER

TERMS	DISCOUNT	1099	SUPPLIER SITE

ORACLE ALIAS	NATURAL ACCOUNT	DESCRIPTION	AMOUNT	
PROJECT	TASK	AWARD	EXPENDITURE TYPE	EXPENDITURE DATE
ORGANIZATION			DESCRIPTION	
PROJECT	TASK	AWARD	EXPENDITURE TYPE	EXPENDITURE DATE
ORGANIZATION			DESCRIPTION	
TOTAL DISTRIBUTION AMOUNT (TOTAL OF INVOICE)				

REQUESTOR SIGNATURE	PRINTED NAME & TITLE	EXT.	DATE
APPROVAL SIGNATURE	PRINTED NAME & TITLE	EXT.	DATE
APPROVAL SIGNATURE	PRINTED NAME & TITLE	EXT.	DATE

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ACCOUNTING DISTRIBUTION

PROJECT	TASK	AWARD	EXPENDITURE TYPE	EXPENDITURE DATE	AMOUNT
ORGANIZATION			DESCRIPTION		
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