

**REQUEST FOR**

Advance: _____
Payment Request*: _____
Cashier Deposit: _____

DATE: \_\_\_\_\_

Vendor or Individual:

**\*\* SSN must be provided for the individual.**

Name: \_\_\_\_\_ SSN\*\*: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ACCOUNT(S) TO CHARGE:**

Amount: \_\_\_\_\_ Account No.: \_\_\_\_\_

Amount: \_\_\_\_\_ Account No.: \_\_\_\_\_

Total Amount: \_\_\_\_\_ *Attach an extra sheet if more accounts apply.*

Purpose: \_\_\_\_\_

Prepared by: \_\_\_\_\_

PLEASE INDICATE REQUEST BELOW:

Division/Departmental Authorization: \_\_\_\_\_

US Mail\_\_ PICK UP\_\_ by \_\_\_\_\_

VP Authorization: \_\_\_\_\_

RETURN BY CAMPUS MAIL:

Cash Received by: \_\_\_\_\_

Box# \_\_\_\_\_

**\* Must include all receipts and documentation.**

Dept. \_\_\_\_\_ Attn: \_\_\_\_\_

<b>For Business Office use ONLY:</b>
Approved by: _____
Date: _____

<b>For AP Office use ONLY:</b>
W-9 Form Required <input type="checkbox"/>
1099 MISC Applies <input type="checkbox"/>
SC Sales Tax Applies <input type="checkbox"/>

**COMPLETE THE FOLLOWING FOR TRAVEL EXPENSES ONLY**

Travel Dates \_\_\_\_\_ Destination \_\_\_\_\_

Travel Dates \_\_\_\_\_ Destination \_\_\_\_\_

PURPOSE \_\_\_\_\_

Lodging \$ \_\_\_\_\_

Meals \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_

Personal vehicle travel:

# miles \_\_\_\_ @ \$0.40/mile \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Less travel Advance \$ \_\_\_\_\_

Reimbursement or \$ \_\_\_\_\_

(Balance Due College)

*I certify that this is a true and accurate statement of travel expenses incurred by me while on official business for Columbia College on the dates indicated and for the purpose shown.*

Signature \_\_\_\_\_

Supervisor approval \_\_\_\_\_

