



OHIO NORTHERN UNIVERSITY

PAYMENT REQUEST

Controller's Office
Lehr Building, Room 100

Date _____

Submit request by 5:00 Friday; check will be ready the following Friday or paid according to invoice terms.

All payments will be made by credit card when possible, unless otherwise noted.

ID No./Vendor No. _____ Employee Student Other

(Required, unless new vendor-See FTIIDEN)

Payable To _____

Remit to Address _____

City, State, Zip _____

Business Purpose _____ Invoice # _____

Be concise as Banner only allows 50 characters. ATTACH ORIGINAL DOCUMENTS TO SUPPORT EXPENDITURE

<u>Index</u>	<u>Account</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total _____

Special Instructions: _____

- Direct Deposit (if enrolled)
- Mail check to above address with attached enclosure
- Mail check to campus address _____
- Check to be picked up by _____

Requested By _____ ext. # _____
 Department _____
 Approved By _____ ext. # _____
 Date _____

For Controller's Office Use Only
 I #: _____
 Credit Card _____ Check _____
 Wire _____ ACH _____

Approved By _____ Date _____
 ACH approved _____
 Initials _____ Date _____

Two signatures required. Requester and Approver should be different. Proper documentation must accompany every check request.