

STUDENT ACTIVITIES

University Center Suite 103
 Phone: 412-268-8704 | Fax: 412-268-5938
 www.cmu.edu/studentactivities

Payment Request for Goods & Services 2013-2014

This form should be used for all payment requests that result in a check being issued from your University account to pay for goods or services received from an off-campus vendor or individual. It can also be used to make pre-payment arrangements for purchases. **Note: Payment will be issued net 30 days from date of invoice or be issued according to terms of contract.** In order to ensure that your request is processed efficiently, please complete the following steps:

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| <p>1. Please verify with Student Activities if Business/Individual is in the University Financial Database.</p> <p>a. If not, staff will direct you to the appropriate forms.</p> <p>2. If payment is for a service or rental provided by Business/Individual, then a contract will be needed (purchase of tangible goods does not require contract)</p> | <p>3. If purchase is above \$5,000, a bid checklist will be needed.</p> <p>4. Please attach all necessary forms to this request:</p> <p>a. Forms from Steps 1 & 2 (if needed)</p> <p>b. Quote/Invoice</p> <p>c. Bid Checklist (if needed)</p> |
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If purchase is for GIFTS/AWARDS/PRIZES/DONATIONS additional paperwork is required. Please contact staff to obtain the necessary forms.

1.) ORGANIZATION INFORMATION (Please print clearly):

Date: _____

Organization/Account name: _____

Account type: ORG \$ _____ GIFT \$ _____

Student submitting request: _____

Andrew ID: _____

Authorized signer's name: _____

Authorized signer's signature: _____

2.) BUSINESS/INDIVIDUAL INFORMATION (Please print clearly):

Payee name*: _____

**as it should appear on check and is documented on W-9*

Mailing Address or SMC: _____

Address Line 1

Address Line 2

City, State, Zip

Business/Individual Contact (or Sales Rep): _____

Email: _____

Phone: _____

Fax: _____

3.) PURCHASE DETAILS:

Detailed description of purchase (please provide who, what, when, where & business purpose):

Contract/Invoice Due Date: _____

PLEASE CHECK BOX (IF APPLICABLE) GIFTS/AWARDS/PRIZES under \$75 GIFTS/AWARDS/PRIZES over \$75 DONATION

Please make sure to talk to a staff member regarding the additional paperwork needed for these types of purchases.

AMOUNT DUE \$: