

# Accounts Payable Check Request

Vendor \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

**Vendor Number** \_\_\_\_\_

**Notice**

Proper documentation is required. All purchases are **tax exempt** unless otherwise specified. Some purchases require additional information. Invoice(s) will not be processed for payment until all required information is received.

General Ledger Account Number(s)	Invoice # or Description of Services	Amount to be Paid
		\$ 0.00
<b>Total Check Amount</b>		<b>\$ 0.00</b>

Reset Form

I hereby certify that the above items have been received or the services performed as stated and that the **funds are available** from the budget account(s) indicated above. I also certify that these expenditures are in compliance with established policies and procedures of Troy University and that they have not nor will be reimbursed in duplicate.

Requestor \_\_\_\_\_ Department \_\_\_\_\_

**Purchasing Authority Signatures: (sign and date)**

_____ Level 1	_____ Level 2
_____ Level 3	_____ Level 4
_____ Senior Vice Chancellor	_____ Chancellor