

**UNIVERSITY OF PENNSYLVANIA
SCHOOL OF ARTS AND SCIENCES**

Payment / Purchase / Miscellaneous Reimbursement Request Form

Requestor Information

Dept./Center/Program _____
 Requested by: _____ Today's date: _____
 Charge to Account: _____

Account Authorization:

 (Signature of Account Owner or Department Representative)

Transaction Information

PAY INDIVIDUAL* (Amount: \$ _____) Penn ID: _____
 Payee Name: _____
 Payee Address: _____

- Services** (include signed W-9, C-12) – describe services: _____
- Honorarium/Lecture Fee** (include signed W-9, lecture poster) (Amount: \$ _____)
- Miscellaneous Reimbursement** (reason: _____)

**Note: for individuals who are NOT United States citizens or resident aliens (green card), please consult the business office well in advance of their visit for advice on payment requirements.*

ORDER FROM OR PAY A VENDOR (Amount: \$ _____)
 Vendor Name: _____
 Vendor Address: _____
 Vendor Phone: _____

QTY.	ITEM #	ORDER / PAYMENT DESCRIPTION
Please include item # from Office Depot catalog for supply order; use separate sheet or back for additional items		

TRANSFER MONEY TO ANOTHER UNIVERSITY DEPARTMENT
 Department to receive money: _____ Amount to be transferred: _____
 Reason/contact person: _____

Please attach any backup correspondence, lecture posters, or forms to this request. If you have any doubt as to what is required for a specific transaction, please contact your Business Office.

DO NOT WRITE BELOW THIS LINE – For Business Office Use Only

<input type="checkbox"/> Purchase Order	FinMIS COA: _____						
<input type="checkbox"/> Procard	CNAC	ORG	BC	FUND	OBJ	PROG	CREF
<input type="checkbox"/> C-368 Form	Total Actual Cost: _____				PO#: _____		
<input type="checkbox"/> C-1/C-1A Form	Order date: _____				Person taking order: _____		
<input type="checkbox"/> Other:	JE Batch number: _____					Date: _____	