

The College of Idaho Request for Payment

*Make check payable to:

Request date _____

Payment due date _____

Check one:

- Mail to Address
- Mail to Campus Box
- Hold for Pick-up

*Completed W-9 required for new vendors before payment

Account # _____

Amount \$ _____

Account # _____

Amount \$ _____

Account # _____

Amount \$ _____

Total Amount \$ _____

Purpose: _____

Requested by: _____ Dept Head Approval: _____

BUSINESS OFFICE USE ONLY

Budget Approval:

REVISED 10/21

