

The College of Idaho
Request for Payment

*Make check payable to:

Request date _____

Payment due date _____

- 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: _____

If form is received in the Business Office by **4pm Tuesday**, check will be ready Thursday afternoon

BUSINESS OFFICE USE ONLY
Budget Approval: _____

REVISED 10/07

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