



Date _____ Dept _____ Org _____ Payee S# _____
(Required for refunds or reimbursements only)

Payee Address_____

Phone _____ Email _____

Detailed description of charges AND reference attached document or invoice	Amount
<p>Write "OK to Pay" on document or invoice, sign and date.</p>	
TOTAL	

With my signature below, I certify there are sufficient funds in the org budget to cover this payment request and this expense is for official college business only. All goods and or services have been satisfactorily received.

1st Level Approval _____

Printed	Signature	Date
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2nd Level Approval _____

Printed	Signature	Date
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Banner Vendor Number _____ EV Reviewed by _____ Date _____

W9:	Attached	On File	Not Required (Refund/Reimbursement)
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SERVICE ONLY:

IC Forms:	Y	N	If Yes,	PERA	Unauthorized Immigrant	IC Questionnaire
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Insurance Required: Y N If yes, on file or requested (date received)

HR Review: ☐ Y ☐ N If yes, ☐ Waiver: page or HR Cert Form Grant Funded ☐ Y ☐ N ☐ SAM ☐ SDN Search

Payroll Review:	Y	N	If Yes,	Not a CCCS Employee	Not a PERA Retiree	Initials	Date
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AP ONLY:

Account Code	AP Voucher #	Tax Type
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