

# Gustavus Adolphus College Request for Payment

**Pay to:** Name \_\_\_\_\_

Vendor ID # \_\_\_\_\_

SSN \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

Mail check through:

Campus mail

Return to:

US mail

Hold for pick-up

Remittance attached

**Description:**

For Finance Office Use Only	
Purchase Order # _____	
Invoice # _____	
Invoice Date _____	
Invoice Total _____	
Due Date _____	
Cash Discount _____	
Check group number _____	
Reviewed by _____	

Requested by: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Approved by: \_\_\_\_\_

ACCOUNT NUMBER	AMOUNT
<b>Invoice Total</b>	