



Request for Payment

This form **MUST** be submitted 48 hours after the event. All original item receipts and an event flyer **MUST** be attached to this form for it to process. Receipts should be taped onto a plain sheet of paper.
 New Jersey Sales & Use Tax Exemption no. 69-0221285

Individual Payee's Student ID#: _____ Date Submitted: ___ / ___ / ___

ISSUE CHECK TO:

Name: _____ Telephone: _____

Address: _____ NJIT Email: _____

City: _____ State: _____ ZIP Code: _____

Items	Description or Justification	Invoice #	Invoice Date	Amount

Total : \$ _____

Request By: _____ Email: _____ Department/Club: _____

ACCT. No: _____ CODE: _____ AMOUNT: _____

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-----FIELDS BELOW ARE FOR VP FINANCE ONLY-----

Date Entered	Date Approved	Disposition of Check	Receiving Report
		Hold for Pick-up Other: _____	

RO No: _____ PO No: _____ Type of Order: _____

Senate VP Finance Authorization

 Finance Advisor Approval