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 : $ 0	

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

ACCT. No: _____ CODE: _____ AMOUNT: _____

ACCT. No: _____ CODE: _____ AMOUNT: _____

----------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