**Payment Request Form**

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EDUSC \* 1115 Marion Street \* Columbia SC 29201

Special Instructions: (Such as sending to other than payee, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Here (☐) if Journal Entry

Date: \_\_\_\_\_\_\_\_ Authorization: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Account/Fund\*\* Numbers** | **Amount** | **Month/Date \*** | **Invoice Number and/or Explanation** |
|  |  |   |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\* Year in which material is to be received or event is to take place.

|  |
| --- |
| **\*\*Attention: If request affects SOM line item(s) that are nearing or above budget please provide the following\*\*** |
| **Account** | **Budget** | **Income Received** |
|  |  |  |
|  |  |  |
|  |  |  |
| **\*\*Fields above must be completely filled-in to process the request\*\*** |