



Accounting Services  
Georgia Highlands College

3175 Cedartown Highway  
Rome, GA 30161

## PAYMENT REQUEST FORM

\*\* Use a P-card for expenditure if allowable under the statewide P-card policy. Find out if expenditure is allowable by viewing the [P-Card Policy](#).

\*\* If a purchase order was used for expense, please indicate PO# in distribution information below.

### DEPARTMENT REQUESTING THIS PAYMENT

\* Allow a minimum of five (5) business days for processing.

Department Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Date Required: \_\_\_\_\_

### PAYMENT REQUEST APPROVALS

Approver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SPECIAL HANDLING REQUEST

\*Please bring a picture ID for identification purposes.

Hold check for dept. pickup?  To be picked up by: \_\_\_\_\_ Phone #: \_\_\_\_\_

### DISTRIBUTION INFORMATION

Invoice Number: \_\_\_\_\_ Invoice Date: \_\_\_\_\_ P.O. Number: \_\_\_\_\_

Amount	Account	Department	Fund	Program	Class	Project
	Total Amount					
Justification for Payment Request						

### VENDOR INFORMATION

\*[W-9](#) is required to be filled out and submitted with this form

Vendor/Payee Name: \_\_\_\_\_ Vendor ID: \_\_\_\_\_ GHC Employee?  Yes  No

Social Security Number: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_

Remit Address: Street/P.O. Box: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### \* TO BE COMPLETED BY ACCOUNTS PAYABLE \*

Processed By: \_\_\_\_\_ Voucher Number: \_\_\_\_\_

Date Processed: \_\_\_\_\_