

UNIVERSITY of NORTH ALABAMA

PAYMENT REQUISITION



For the Office of Sponsored Programs Only

Cost Center _____ Date _____

Vendor Name and Address

University ID # L _____

If vendor record not found in Banner, please attach a W-9

Describe the University business purpose below. Attach supporting documentation.

Date	DESCRIBE EACH ITEM	AMOUNT
TOTAL AMOUNT		\$ -

INDEX _____ FUND _____ ORG _____ ACCOUNT _____ PROGRAM _____		For Business Office Use Only	
Requested by (Signature) _____		Date _____	
Principal Investigator (Signature) _____		Date _____	
Director, Sponsored Programs (Signature) _____		Date _____	
Grant Accountant (Signature) _____		Date _____	

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