

Use form only when PO or PCard cannot be used. Send the completed payment request with supporting documents to Rollins Hall, Accounts Payable or email invoice@odu.edu.

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|--|--------------------|-------------|--|
| TO: | Accounts Payable | | |
| FROM: | | DEPARTMENT: | |
| DATE: | | | |
| SUBJECT: | AP Payment Request | | |
| Vendor Information | | | |
| Vendor Name | | | |
| Vendor Number (Federal Tax ID Number) | | | |
| Vendor Mailing Address | | | |