CRAIG NEWMARK GRADUATE SCHOOL OF JOURNALISM AT CUNY

FINANCE DEPARTMENT

PAYMENT REQUEST FORM *(To be completed only upon request by Finance)*

MAKE CHECK PAYABLE TO (Name/Vendor):_____

Street Address:_____

City/State/Zip:_____

Description:_____

_____

Business Justification:_____

_____

_____

Total Amount Requested: $_____ **MAIL** check / **PICK UP** check (Please circle

one) **Note: Attach CUNY Substitute W-9 form (Vendor Registration Form) for 1st time vendors**

   Attach invoices, receipts, guest, and other supporting documents

Print Name and Title:_____

Authorized Signature:_____ Date:_____

Finance Office Use Only:

Sp Init:_____   Program Code:_____

Fund:_____   Account Code:_____

Department:_____   MP:_____

Fund Source:_____   Oper Unit:_____

Reviewed by Finance Officer:_____

Approved by Finance Director:_____