



# Non-PO Payment Request

This form is used to: Process payments and reimbursements for reasonable allowable expenses incurred for business purposes as described in the University policies. Examples: Memberships, Registrations, Subscriptions, Annual Fees and Medical/Professional License Renewals.

Section 1 - Payment Request Type	Section 2 - Payee Classification
Select type of payment that you are requesting.	Select from the dropdown list payee status. <span style="float:right">Banner ID#: _____</span>

Section 3 - Make Check Payable To:	Bank
Vendor / Payee Name: _____ <a href="#">New Vendor Click Here</a>	
Address: _____ Apt / Suite #: _____	
City: _____ State: _____ Zip Code: _____ E-Mail Address: _____	
Department Name: _____ Campus: _____ Phone #: _____	

Section 4 - Additional Information	
Admin Name (First & Last): _____ E-mail: _____ Phone#: _____	
Enclosure (Include invoice with check): Yes <input type="checkbox"/> No <input type="checkbox"/> Is Budget Available in Banner? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Department Name: _____ Building: _____	

Section 5 - Description of Expense as Authorized on the <a href="#">NonPO Category List</a>			
Reimbursement request - provide full description of purpose, justification and the urgency of the expense.			
Vendor payments - provide full description of goods.			
Date(s)	Invoice Number	Describe Purpose & Justification or Vendor Information (Provide detail description)	Line Total(s)
<b>Please submit reimbursements no later than 45 days after the expense has occurred.</b> (Please attach original itemized receipts or invoice)			<b>Grand Total:</b>

Section 6 - Accounting Information - Banner FOAPAL						Section 7 - Verify Funds		
Fund #	Organization #	Program #	Activity #	Amount	Does this request include alcohol?	Yes	No	
					Funds transferred from the Foundation account			
						Foundation Signature		

Section 8 - Signature and Consent for Reimbursement(s) Only	
I certify that: 1. This is a true and accurate accounting of expenses incurred to accomplish official business for Rowan University and there are no expenses claimed as reimbursable which relate to personal or unallowable expenses. 2. <b>All required (original) itemized receipts have been attached to this request and I have not received, nor will I receive, reimbursement from any other source(s) for the expenses claimed. Entertainment/Official Reception Request form must accompany all food/catering reimbursements and/or requests, as well a Gourmet Dining waiver, if applicable.</b> 3. In the event of overpayment or if payment is received from another source for any portion of the expenses claimed, I assume responsibility for repaying Rowan University in full for those expenses.	
Employee (Print Name)	Date
Employee (Signature)	

Section 9 - Departmental Authorization	
I certify that I have reviewed the expenses included in this report, including required receipts. I have reviewed the allocation of expenses and confirm that they are compliant, appropriate, and allowable under University policy.	
Date	Department Head (Signature)
Date	
Date	
Accounts Payable Approval (Signature)	Date