



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. Banner ID#: _____

Section 3 - Make Check Payable To:	Bank
Vendor / Payee Name: _____ New Vendor Click Here	
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 NonPO Category List			
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)
Please submit reimbursements no later than 45 days after the expense has occurred. (Please attach original itemized receipts or invoice)			Grand Total:

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. 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. 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	
Date	
Accounts Payable Approval (Signature)	Date