

This form is used in conjunction with Direct Payment and Employee/Student Reimbursement requests to provide additional information for supporting documents (i.e. receipts, invoices).  
Submit this form along with supporting documents for your request to Accounts Payable.

**Make Check Payable To:**     *If new vendor, provide W-9*

Name: _____	Vendor G#: _____
Address: _____	
#	City
State	ZIP
Date Check Required: _____	

**Item Description**     (Complete a line for each receipt to reimburse, or total fee for services listed on invoice. List Registration/confirmation numbers, or invoice numbers in description box.)

Fund	Org	Account	Program	Description	Amount

**Additional Comments**

Grand Total \$ \_\_\_\_\_

**Verification/Requestor Authorization**

I hereby certify that the above goods/services were provided or obtained specifically for Gavilan College.

Budget Manager _____	_____	Date: _____
<i>If different from supervisor</i> Name	Signature	
Supervisor: _____	_____	Date: _____
Name	Signature	

*If check-pickup is desired please message Accounts Payable*

\_\_\_\_\_  
Director, Fiscal Services