

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

Grand Total                      \$                     **Verification/Requestor Authorization**

I hereby certify that the above goods/services were provided or obtained specifically for Gavilan College.		
Requested by: _____	_____	Date: _____
Name	Signature	
Approved by: _____	_____	Date: _____
Name	Signature	

*All Invoices should be Signed by Authorized Approver with "Approved to Pay" and PO/CON # referenced  
If check-pickup is desired please message Accounts Payable*

\_\_\_\_\_  
Director, Business Services