



Immediate Payment Request

Requested By: _____

Department: _____

Vendor Name: _____

(New vendors require additional documentation. See Accounting Dept for further details.)

Vendor Address: _____

Entity: _____

GL Coding: _____

Date Needed: _____

Reason for check - attach invoice or other backup:

(If check is for land option, expiration or extension date MUST be included.)

LAND OPTION EXP DATE:

Check Amount: \$ _____

Payment Method:

☐ Check

☐ Wire (Same day payment - Fees charged by bank.)

☐ ACH (Next business day payment.)

If wire or ACH is selected, vendor banking information is required.

If payment method is check, when printed:

☐ Return to requester

☐ Mail to address above (First-Class)

Authorized by:

(Department Head)

**Return completed form to the accounting department.
Incomplete or inaccurate information could result in a delay.**