



Send to Accounts Payable, MS 3C1
 Tel: 703.993.2580
 Fax: 703.993.2589
 Email: apforms@gmu.edu

Payment Request

Use of this form is limited to payments that are one of the following types (check one):

Optional Tracking #: _____

- Reimbursements (excluding travel, food/beverage expenses) Conference Registrations
 Payments to US Dept of Homeland Security or US Postal Svc Other (pre-approval required; see instructions)

Payee Information:

Name: _____
 (last, first, middle initial)

Address: _____
 (number, street, apt)

 (city, state, zip code)

G number: _____
 (If first-time payee: please attach completed [W-9 Form.](#))

Contact Information:

Requestor: _____ Tel: _____

Department: _____ MS: _____

Date Submitted: _____ Date Required: _____

Check One:

- Return to Department, MSN _____
 Mail to address shown

Check One:

- U.S. citizen/lawful permanent resident
 Nonimmigrant visa holder and activities conducted in the US (visa status) _____
 (Send form to International Tax, MS 4B2)
 Non-U.S. citizen OR Nonimmigrant visa holder and activities conducted outside the U.S. (Please ask payee to complete [Statement for Services Performed Outside the U.S.](#) Send this form and signed Statement to International Tax, MS 4B2.

<u>Nature of Expenses (Description)</u>	<u>Fund/Org</u>	<u>Account</u>	<u>Activity*</u>	<u>Amount</u>
*Activity code requires pre-approval.			TOTAL	\$

Signatures: (Lines 1, 2, and 3 for reimbursements; Line 2 only for vendor payments)

1. Signature of payee if Mason employee or student Print Name Title Date
 (Signature certifies that this is a necessary and appropriate expenditure that has not been nor will not be reimbursed by another party. Signature acknowledges that the goods purchased become the property of the University.)

2. Signature of approving official for fund or org Print Name Title Date
 (Signature card must be on file in Accounts Payable. Signature certifies that this is a necessary and appropriate expenditure.)

3. Signature of supervisor if Payee is approving official for fund/org (**reimbursements only**) Print Name Title Date