

Rhode Island School of Design Payment Request



Instructions

Please complete this form and obtain appropriate approvals before submitting to Accounts Payable for processing. If this is a new payee, please attach a completed W-9 to this request. Allow 3-5 days for processing before the expense will appear on your budget. RISD payment terms are Net 35 and all payments will be made in accordance with this policy. Payments will be processed directly from Accounts Payable and checks will be mailed to the remit to address indicated on the request; no checks will be sent via interoffice mail. Checks will no longer be available for pickup in the Accounts Payable Office without prior approval from the Accounts Payable Manager. Requests for special checks will be approved only in extenuating or emergency situations, please plan in advance and ensure requests are completed and submitted in a timely manner. Please note, out of date forms or forms with errors or missing documentation will be returned to the requestor for correction before processing can occur resulting in payment being delayed.

Payment Information

For vendor payments Accounts Payable will only pay from an invoice that is on company letterhead, properly dated and includes a unique invoice number. **Statements are not acceptable.** Reimbursements and student payments do not require an invoice.

Vendor / Payee Legal Name

Remit to address

Address Line 1 **City**

Address Line 2 **State** **Zip** **Country**

Is Payee (check the applicable) **RISD Student** **Employee** **Enter RISD ID#**

*If student or employee is being paid for providing a service, has Independent Contractor vetting process been completed? (Please contact Procurement Services for more information.)

Reason for Payment

Invoice Number **Date of Invoice** **P.O. Number (if applicable)**

*Please attach all relevant invoices and/or receipts

Please describe reason for payment:

If Payee is providing services, where will they be performed? **(State)**

Expense Distribution

General Ledger Account Number(s) to be charged

Fund	Program	Dept.	Object Code	Activity Code	Amount
XX	XX	XXXXX	XXXXX	XXXX	\$

Total Due: \$

Requestor/Approver

Requested by (print) **Date**

Signature **Phone Ext.**

Authorized by (print) **Date**

Signature