

ROLLINS COLLEGE
DIRECT PAY/CHECK REQUEST
(Must be accompanied by vendor's original invoice)

VENDOR NAME:

Request date:

Please check box if vendor is student, faculty or staff and complete R#

ADDRESS:

(Must be completed)

CITY, STATE, ZIP:

FEDERAL ID:

or S.S.N.:

(For Contract Services- W9 & proof of workers comp. must accompany request if not on file)

FUND	ORGANIZATION	ACCOUNT	INVOICE NO.	AMOUNT
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TOTAL

Description of Request:

If Recurring Payments are Required, Enter First Payment Date:

Last Payment Date:

Frequency of Payments: Weekly Biweekly Monthly Quarterly Semi-annually

Requesting Department:

Phone Ext.:

Campus Box:

Submitted By:

Approved By:

Printed Name:

Printed Name:

Finance Department Use Only

Banner Document Number | | | | | | | | | |