



Request for Payment

Person/Business/Organization to be Paid (check will be written to above name) _____ Date _____

Address where check is to be mailed _____

City _____ State _____ Zip _____

Description of Expenses: (Please itemize, i.e. printing, postage, meals, etc.) _____

Date	Item	Unit Cost	Line Total
Total			

Person Making Check Request: _____ Signature: _____

Institution: _____ Phone Number: _____

**All requests for payment must be submitted within 30 days of the event or transaction.
Please attach invoice/ receipt for requested expenditures.**

Send completed forms to, and for further information contact:

**Amy Mahan, ArkACRAO Treasurer
Arkansas State University-Beebe, Registrar's Office
PO Box 1000**

Beebe AR 72012

Phone: (501) 882-8880

Fax: (501) 882-4421

Email: ajmahan@asub.edu