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PAYMENT REQUEST FORM
Date of Request:   /_/_   Requested by:
Vendor Name:    Vendor Number:
Address:
Payment Amount: \$
G/L Account Number: G/L Description:
Payment Purpose:
Payment Distribution:       Return payment to requester         Return payment to other (specify)         Mail check to vendor
Payment Date//
Special Instructions:
Approved by: (Note: Must be manager or higher)
Is this a manual check? Yes No (Note: Manual checks should be used for emergencies only.)
Reason for manual check
Approved by:

Note: If this is a new vendor, check request will not be processed until W-9 and New Vendor Setup form is received by accounting.

Accounting use only	
Is this a new vendor?  Yes No (check one)	
Note: If this is a new vendor, collect 🛛 W-9	New Vendor Setup Form