

**REQUEST FOR PAYMENT  
FROM LOCAL FUNDS**

DATE : \_\_\_\_\_

TO: New River Community College Local Funds

It is hereby requested that a check be issued to (please provide name, address, zip code, and FIN for vendor to be paid or SSN for employee seeking reimbursement for proper expenditure):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the amount of \$ \_\_\_\_\_ for (explain in detail and attach invoices, receipts or other documents):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF ACCOUNT TO BE CHARGED: \_\_\_\_\_

ACCOUNT NUMBER TO BE CHARGED (please provide six digit AIS department number): \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_  
Signature

DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
Signature of Functional Area Manager  
responsible for account being charged

DATE: \_\_\_\_\_

By signing this request, the requestor and approver are certifying funds are available in the account being charged and the requested payment complies with college policies and procedures.

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**For Business Office Use**

CHECK NUMBER: \_\_\_\_\_

DATE OF CHECK: \_\_\_\_\_

ACCOUNTANT APPROVING PAYMENT: \_\_\_\_\_

Signature or Initials