# TVCC PAYMENT APPROVAL FORM (attach to top of each invoice)

| Fund | Func | Dept | Object Code | Location | AMOUNT | PO# or N/A * |
|------|------|------|-------------|----------|--------|--------------|
| | | | | | $ | |
| | | | | | $ | |
| | | | | | $ | |
| | | | | | $ | |
| | | | | | $ | |

| | |
|---|---|
| Project Name or # | Line Item: |
| Project Name or # | Line Item: |
| Project Name or # | Line Item: |
| Date Order Received: | Received by: |
| Approver Signature (i.e. Div Chair/Director, AVP, Provost): | |
| Vice President Signature (Required): | |
| President Signature (If required): | |
| Controller Signature (If required): | |

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# CASH PAYMENT REQUISITION

*NOTE: This form is used for Reimbursement requests and other payments where there is no invoice provided.*
*Receipts must be attached (if not 8 ½ by 11 please tape the receipt to the back of this form or on another piece of paper.)*

Please Pay: _____

Instructions: _____

| DESCRIPTION | AMOUNT |
|-------------|--------|
| | $ |
| | |
| | |
| | |
| TOTAL $ | |

* **Purchases over $200 Require A Purchase Order**

Voucher # _____

Check # _____