

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

ACCOUNT NUMBER					AMOUNT	PO# or N/A *
Fund	Func	Dept	Object Code	Location		
					\$	
					\$	
					\$	
					\$	
					\$	
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):						
Approver Signature (i.e. AVP, Provost):						
Vice President Signature (Required):						
President Signature (If required):						
Controller Signature (If required):						

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 # _____