

Payable to _____

Street Address _____

City _____ State _____ ZIP _____

Contact Person _____

Phone _____

Email _____

Invoice # _____

Disposition: Pick up: Ext. _____

U.S. mail

U.S. mail with copies of attachment

Hand deliver

New Supplier*

* W-9 or W-8BEN or W-8BEN-E and Supplier Registration form must be submitted with this form.

[W-9 \(U.S. company\)](#)

[W-8BEN \(Foreign individual\)](#)

[W-8BEN-E \(Foreign Corp\)](#)

[Supplier Registration Form](#)

<input type="checkbox"/> Employee ID#	
<input type="checkbox"/> Student ID#	
<input type="checkbox"/> Supplier Name	
FOR ACCOUNTS PAYABLE ONLY	Code: BU
<input type="checkbox"/> Service (1099)	SEQ:

Company	Fund	Cost Center	Spend Category	Program Code	Additional Worktags	Reason for Expenditure	Amount
TOTAL							

Date Requested _____

Due Date _____

I hereby certify that all expenses on this report were actually incurred on behalf of Florida Tech and to support the department or grant to which funds are charged.

These charges are allowable under the terms of the grant and all related contractual terms.

Submitted by _____

OSP—Required if charged to a grant

Approved by _____
VP or Cost Center Manager

Print Name

Approved by _____
Project, Grant, or Gift Manager

Print Name

Student travel expense reimbursement must be submitted on the Travel Expense form. To ensure payment in a timely manner, complete the entire form and obtain necessary signatures. Submit original form to the Accounts Payable Office with all the required supporting documentation. Allow 7–10 business days for processing. Incomplete and missing documentation will prolong process.

ACCOUNTS PAYABLE USE ONLY

Reviewer's Signature _____ Date _____