Goshen College Payment Requisition

Attention on-campus customers: *Reimbursements for less than $50 are issued in cash from the cashier*

Click on a field and type in your responses. Text fields will expand as needed.

**[x]  Direct deposit - *required for faculty/staff and regular vendors***

[ ]  Cash  Send check to address below [ ]

[ ]  Check I will pick up the check [ ]

Date:       **Date to be paid:**

Pay to:

Address:

Type of expense:

Account Number Project Code Amount

 -  -    -    -           $

 -  -    -    -           $

 -  -    -    -           $

 -  -    -    -           $

 -  -    -    -           $

 Total of requisition: $

Less: advance $(     )

 **Balance due you/college: $**

Save this form with the date and your name.

**Write “submitted electronically” on each receipt.**

Scan/photograph original receipts in order and attach them when yousubmit this form via email.

Signature:       GC ID #:       Date Signed:

**Supervisory Approval:**

 ***(REQUIRED if for personal reimbursement)***

 **Supervisor GC ID #:**       Date Signed:

**Once you have signed and dated the form, please save it and all attachments,**

**then** **click here to submit the form and attachments****.**