



ASSOCIATION OF COLLEGE AND UNIVERSITY
HOUSING OFFICERS, INTERNATIONAL

REQUEST FOR PAYMENT

- THIS FORM MUST ACCOMPANY ALL PAYMENT REQUESTS.
- ORIGINAL RECEIPTS AND ORIGINAL AUTHORIZED SIGNATURES ARE REQUIRED (*authorized signatures include committee chairs, board members, executive director, directors*).
- FAX COPIES WILL BE ACCEPTED FOR NON-US REQUESTS ONLY.

PAYMENT MADE BY: ASSOCIATION or FOUNDATION

Date Requested: _____
Phone: _____

Check Needed By: _____
E-Mail: _____

Check Disposition: Mail Check Give Check to: _____
Check Payable to: _____

Mailing Address:

Address: _____
Address: _____
City: _____ State/Province: _____
Zip/Postal Code: _____ Country: _____

Purpose of expense (e.g. workshop promotions): _____

Budget area to be charged (*description*):

G/L Coding

	<i>expense</i>	<i>dept. #</i>	<i>project #</i>	\$
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature: _____ Total Amount of Payment: \$ _____

APPROVAL:

AUTHORIZED BY: _____ DATE: _____
APPROVED BY: _____ DATE: _____
MAIL DATE: _____

ACCOUNTING USE ONLY:

ENTERED BY: _____ DATE: _____
(initials)

FORWARD TO:

ACUHO-I CENTRAL OFFICE
941 CHATHAM LANE, SUITE 318
COLUMBUS, OH 43221-2416

Phone: (614) 292-0099 Fax: (614) 292-3205