

Financial Service Request – Payment to Vendor

To be returned to the Office of Alumni Relations.

Chapter Name: _____
Chapter Liaison: _____
Submitted By: _____
Email: _____

Send payment to supplier as deposit for an upcoming event or purchase

Event name: _____
Event date: _____

Vendor Name: _____
Contact person: _____

Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
E-mail: _____

Total Amount Requested: _____

Type of payment accepted by this supplier (*please check all that apply*):
 Check Credit Card Electronic Transfer

Explanation of product being purchased:

**Additional paperwork may be required if company is not on our preferred vendor list.*

I verify all statements on this form are accurate to the best of my knowledge:

(Please sign)

Oracle ID (*for use by chapter liaison*):
