

# DACC REQUEST FOR PAYMENT

Pay: \_\_\_\_\_

Date: \_\_\_\_\_

Mail To: \_\_\_\_\_

Total Amount of Check: \$ \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PURPOSE: _____	AMT.\$ _____	ACCT.# _____
_____	AMT.\$ _____	ACCT.# _____
_____	AMT.\$ _____	ACCT.# _____
_____	AMT.\$ _____	ACCT.# _____
_____	AMT.\$ _____	ACCT.# _____
_____	AMT.\$ _____	ACCT.# _____
_____	AMT.\$ _____	ACCT.# _____
_____	AMT.\$ _____	ACCT.# _____

PRE-TRAVEL ADVANCE \$ _____
ACTUAL TRAVEL EXPENDITURES:
Miles at .56/Mi. \$ _____
AIRFARE \$ _____
LODGING \$ _____
MEALS \$ _____
REGISTRATION \$ _____
INCIDENTALS \$ _____
Less Advance: \$ _____
\$ DUE EMPLOYEE \$ _____
REFUND TO COLLEGE \$ _____

AMT.\$ _____	ACCT.# _____
AMT.\$ _____	ACCT.# _____
AMT.\$ _____	ACCT.# _____
AMT.\$ _____	ACCT.# _____
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AMT.\$ _____	ACCT.# _____
AMT.\$ _____	ACCT.# _____
AMT.\$ _____	ACCT.# _____
AMT.\$ _____	ACCT.# _____

Requested By: \_\_\_\_\_

Approved By: \_\_\_\_\_

PROCESSING INSTRUCTIONS – CHECK THOSE THAT APPLY: Enclosures: _____ Mail to above address _____ Return check to cashier for pick-up _____ Send check to person initiating request _____ Other _____ _____
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Receiver Information: Goods and services described above were verified and received by:  _____ Signature
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