



Use this form for the following Payments:

- Intercompany
- Student (non-employee) refund/reimbursement
- Third Party Reimbursements

AD HOC PAYMENT FORM

Date _____

Payer University _____ Foundation _____ Alumni _____

Payee Name _____ Student Yes No
Student Employee Yes No

ID No. _____

Address _____

City _____

State _____ Zip Code _____

Ledger Account		Campus	
Fund		Source Funded	
Cost Center		Indirect Cost Recovery	
Grants		Partner Affiliation	
Gift		Revenue/Spend Category	
Capital Project		Term	
Program			

Description:

Amount \$ _____

AP Approver _____

Requestor/Payee
Title/Date _____

Cost Center Approver
Dept/Date _____