

Use form only when PO or PCard cannot be used. Send the completed payment request with supporting documents to Rollins Hall, Accounts Payable or email [invoice@odu.edu](mailto:invoice@odu.edu).

TO:	Accounts Payable		
FROM:		DEPARTMENT:	
DATE:			
SUBJECT:	AP Payment Request		
<b>Vendor Information</b>			
Vendor Name			
Vendor Number (Federal Tax ID Number)			
Vendor Mailing Address			