



THE CITADEL

INTERNAL PAYMENT REQUEST

DATE: _____ SPECIAL HANDLING _____

ORDER FOR: _____
(Department)

For Financial Services Use ONLY

VENDOR: _____

<u>ACCOUNT #</u>	<u>INVOICE NUMBER/ DESCRIPTION</u>	<u>INVOICE DATE</u>	<u>AMOUNT</u>	<u>A/P USE ONLY</u>

TOTAL _____

(Requisitioner)

(Department Head)

(Controller)