## College of the Holy Cross **REQUISITION/PAYMENT FORM**

## **REQUISITIONING (PAYING) DEPARTMENT**

REGUISITIONING (PATING) DEPARTMENT				
NAME OF DEPARTMENT		EVENT LOCATION	DATE	E OF EVENT
PURPOSE OF EVENT				
Quantity Description *U	nit Price Extensio	n Account Fund	Organization Program	Subclass Proj/Grant
	OTAL \$			
*Please enter unit price if known, and compute extension. +Account	number to be charg	ed. Signa	ture of Department Head	
SERVICING (PAYEE) DEPARTMENT NAME OF DEPARTMENT				
				FOR USE BY CONTROLLER'S OFFICE
ACCOUNTS TO BE CREDITED:  Account Fund Organization Program Subclas	ss Proj/Gra	ant Amount		
			RP_	
				DESCRIPTION
				DESCRIPTION
		TOTAL \$	GOLDEN R	ROD - REQUISITIONING (PAYING) DEPARTMENT PINK - SERVICING (PAYEE) DEPARTMENT

Title: Requisition Payment Form Effective Date: 1/29/2010

YELLOW - TO BE RETURNED TO REQUISITIONING

(CONFIRMATION)

WHITE - CONTROLLER'S OFFICE

DEPARTMENT BY SERVICING DEPARTMENT

Signature of Department Head