



Controller's Office • Long Jones Hall • Rm 263

Agency Account : VPR Documentation Requirements

[Vendor Payment Request Form on next page](#)

Vendor Payment Requests (VPR) must be accompanied by supporting documentation. The table below will help you determine what information should be submitted with your request:

If your request is for...	Then you should attach...
1.) Items that have already been received	1.) An original invoice from the company requesting payment; Emails directly from the vendor will be acceptable
2.) Items that will be received after payment is given to the vendor	2.) An original quote from the vendor identifying items to be purchased, amounts for each item, and a grand total; Emails directly from the vendor will be acceptable
3.) A subscription, registration, or membership dues	3.) Copies of the original forms that will be sent to the vendor
4.) A reimbursement to a person	4.) Original receipts for the items purchased; Copies of bank/credit card statements will not be sufficient
5.) A person who has performed a service	5.) An original invoice from the person detailing the work performed and the total amount due
6.) A person who needs petty cash to make purchases for the organization's needs or an organization's event	6.) An original quote from the store where the items will be purchased detailing the items to be purchased and the amount; or a detailed statement signed by two authorized signers detailing what the funds will be used for and the estimated amount to be spent.
For all VPR Supporting Documents...	
1.) Copies will never be accepted unless otherwise stated above. No exceptions.	
2.) Grand total of amounts on supporting documents must match the grand total requested on the VPR	
3.) A VPR without supporting documentation is considered incomplete and will not be accepted	

Agency Account : Vendor Payment Request (VPR)

Section 1: Instructions

Fill out the form **completely**; with signatures "A" and "B". Submit request to the Controller's Office at least **7 business days before the due date**. Attach all necessary documentation. Incomplete forms will be forwarded back to your organization via campus mail. **Hand written forms will not be accepted.**

Section 2: What account is being charged?

Account Title:
Fund Code : 700 Account Code: Check needed by: (due date)
Would you like to pick up the check (email notification of pickup time) have it mailed off?

Section 3: What vendor is being paid?

Vendor Name: Vendor SSN:
Vendor Address: (include if paying a person)
Vendor Phone No.: Vendor Fax No.:

Section 4: What is this payment for?

Item No.	Item Description	How many?	Price per item	Total

Grand Total

Section 5: This request has been approved by:

A. My signature certifies this request for payment has been approved by the organization listed above and that I am a currently authorized signer on this account.

Printed Name	Title	Signature	Date
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B. My signature certifies this organization is registered and functioning on the campus of Grambling State University.

Coord. Of Student Orgs.

Printed Name	Title	Signature	Date
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C. My signature certifies this account has sufficient funds to cover the amount requested and that all necessary documents are currently on file in the Controller's Office.

Agency Acct. Custodian

Printed Name	Title	Signature	Date
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