

**College of AAH
Clemson University
REQUEST FOR PAYMENT
(To Vendor)**

VENDOR NAME (Please Print): _____

DATE: _____

DEPT. NAME: History and Geography

ACCOUNT TO CHARGE: _____

AMOUNT OF PAYMENT: \$ _____

EXPLANATION FOR PAYMENT: (Must include who, what, when and where)

Date: _____

Employee Signature: _____

Supervisor Signature: _____

IMPORTANT NOTE:

- **ALL RECEIPTS OR FLYER ADVERTISING VISIT MUST BE ATTACHED TO THIS FORM!**
- **Return form to Jeannette Carter**