



Invoice Payment

Date Submitted: _____

Your Name		Department	Email	Project Title
Request to Pay: Vendor Name		Vendor Email	Purpose of Services	
Vendor Is (check one): <input type="checkbox"/> Non-UW <input type="checkbox"/> UW Student <input type="checkbox"/> UW Faculty/Staff		Paying UW Student, Faculty or Staff? Stop! Contact schadmin@uw.edu to arrange payment.		<input type="checkbox"/> US Citizen <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Resident Alien

Please itemize expenses below.

Date	Service	Description	Amount
Total			\$ -

Please save completed form with your invoice(s) as a single PDF file. Send the PDF to the Simpson Center Administrative Coordinator at schadmin@uw.edu.

Office Use Only: Invoice Payment Authorization			
Budget	Amount Approved		<input style="width: 100px; height: 20px;" type="text"/>
Project	Task	Option	
Notes			
Approved By (signature):		Date:	