MILWAUKEE AREA _Technical College_

Request for Payment

Payee: _____ Date: _____

COSMO ID _(If payee is employee)_: _____ Requestor Name and Extension: _____

Address: _____
<div align="center">Street</div>

_____ Amount: $ _____
<div align="center">City   State   Zip</div>

Reason for Payment: _____

_____

_____

PLEASE CHECK ONE:

☐ Mail check

☐ Will pick up check
Call Ext: _____

Only employees may pick up checks.

GL ACCOUNT NUMBER

FUND	LOC	COST CENTER	CLASS	PROJECT / ATTRIBUTE	AMOUNT
					$
					$

APPROVAL:	SIGNATURE	DATE	APPROVAL:	SIGNATURE	DATE
BUDGET MANAGER: SIGNATURE		\	VICE PRESIDENT: SIGNATURE		\
PRINT NAME			PRINT NAME		
			Additional Approval Required — if $10,000 and above		
DEAN / DIRECTOR: SIGNATURE		\	ACCOUNTS PAYABLE: SIGNATURE		\
PRINT NAME			PRINT NAME		
Additional Approval Required — if $5,000 and above					

[Refer to Administrative Regulation and Procedure BB0803]   Revised October 2021