

Payment Request Form

Please complete this form in full, have it signed by the PI of the account to be charged or approver, and submit it to ebsc-travel@illinois.edu.

Requestor		
Name:		Department:
Email:		Phone Number:
Payee Information		
First Name:		Last Name:
Phone #:		Email:
<u>Address</u>		US Citizen: Yes No
		If 'No' is selected, please specify their visa type.
Indicate the Payee's affiliation:		
Is there a corresponding travel reimbursement request:		
Payment		
Payment Type:		Amount:
Preferred Payment Date:		CFOP:
Description/Business Purpose (What, When, Where, and Why)		

For honorariums, please review the policy statement and confirm that your request adheres to them.

[Honorary Policies](#)

For participant support payments (stipends), please review the policy statement. [Participant Support Costs](#)

PI/Approver Signature

Date _____

To be Completed by EBSC Travel

Submitted through:

Expense Report # (if applicable): _____

Submitted Date:

Completed By:

Banner Document #:

Banner Transaction Date:

NOTES