

**Preceptor Payments**

**Purchase Order #** \_\_\_\_\_

Banner ID Number  
(if known) \_\_\_\_\_

Payee's SSN Number if  
Banner ID is not known:  
(for tax reporting  
purposes) \_\_\_\_\_

Payee's Name: \_\_\_\_\_

Payee's Address:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

Phone number and/or  
email address \_\_\_\_\_

Payee's Signature or attach  
copy of signed contract \_\_\_\_\_

Business  
Purpose/Justification: \_\_\_\_\_

(Detailed description.  
Do not use acronyms.) \_\_\_\_\_

Total Amount: \_\_\_\_\_

\_\_\_\_\_  
Index/Account

Department Contact: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

Requestor Signature: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Date

Fiscal Administrator  
Signature: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Date

Dean or Designee  
Signature: \_\_\_\_\_

(Required for amounts  
exceeding \$2,000)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Date

**VCU issues a 1099-MISC form for cumulative payments of \$600 or more in a calendar year.**

**Payments that require special handling must be submitted to your business office 5 business days in advance of payment needs.**

**Questions regarding application of these guidelines may be directed to Accounts Payable at 828-3409.**