

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 828-1077.