

# **FAS Payment Request Invoice Form**

Note: This form is to be used in lieu of invoice for Refund, Honorarium, Prize and Fellowship requests only. Do not include any backup documentation, Receipts for Fellowship payment reimbursements should be kept by the individual for tax purposes. If this form is submitted for any other purpose it will be returned to the department.

**Payment Request Number:** PR

**Vendor/Individual Name:**

**Invoice Date:**

**Invoice Number\*:**

**Amount of Payment Request (USD):** \$

\*This number must be a unique number. If one is not provided, AP will use a standard naming convention. Please note that any invoices without unique invoice numbers runs a risk for duplicate payment.