AD HOC PAYMENT REQUEST FORM

The purpose of this form is to initiate a refund or payment which requires prior approval. Once completed, please scan this form along with support material and email to accountspayable@unlv.edu. Please submit and scan each transaction separately. ***Use only one form per transaction***

Date: _____

Initiator Name: _____

Initiator Phone: _____   **Call for Pickup**

Department: _____

Payee Name: _____

Payee Address: _____

_____

Justifications and purpose:

Payment Amount: _____

Supervisor Approval: _____

Signature Authority: _____

Spend Category	Program, Project, Gift or Grant	Unit	Cost Center	Additional Worktags	Additional Worktags

Please provide the following information to initiate payment refunds:

Customer ID/Description: _____

Reference transaction number: _____