



# e-Z UMB PAYMENT REQUEST FORM

To: Accounts Payable - 220 Arch Street, Room 02-121

Date: \_\_\_\_\_

Requesting Department: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

### Payee Information

Name	Address	Amount	SS No

Work performed inside U.S.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payee – U.S. Citizen	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Project ID	Owner Dept	Program	Fund	Tx Dept	PCBU	Act ID
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### CHECK ONE OF THE FOLLOWING

<input type="checkbox"/> Honorarium	3110
<input type="checkbox"/> Study Participant	3130
<input type="checkbox"/> Stipend	3726
<input type="checkbox"/> Individual Meal Reimbursement	3773

Employee                       Non-Employee

	Printed Name	Signature	Date
Requestor:			
Department Approval:			

**No Handwritten Forms Will Be Processed By Accounts Payable**