



**ATHENS
STATE
UNIVERSITY**

Payment Remittance Form

Make check payable to:

Social Security Number:

(required if Payee is an individual)

Address:

Purpose of Request:

Amount of Check:

Charge to this Budget:

List Additional Information Below (hold check, mail on certain date, etc.)

Requestor: _____ *Date*

College Dean/Department Head: _____ *Date*

Vice President: _____ *Date*

President: _____ *Date*

Asst. VP of Financial Affairs: _____ *Date*

Attach receipts, invoices, or other documentation.