UNIVERSITY OF GEORGIA
Griffin Campus

Payment Processing Form

Submitted by: _____

Remit Payment to: _____

Payment Amount: _____

Event Name: _____

Event Date: _____

Event Time: _____

Event Place: _____

Description: _____

_____

Sign-in Sheet attached: Yes ☐ No ☐

Original receipt or invoice attached: Yes ☐ No ☐

Account to be paid from: _____

OK TO PAY: _____

**Signature of Approver*

**Approver cannot be the person submitting the form*