

Division of Agriculture Agency Fund Payment Request

Date: _____

Requested by: _____

Agency Workday ID: _____

Agency Name: _____

Agency Contact and Email: _____

Workday Supplier Name: _____

Workday Supplier ID: _____ WD Supplier Connection _____

Amount of Request: \$ _____

Description of Request:

Spend Category for Payment: _____

VERIFY PAYMENT INFORMATION



If payment by check, verify the address is correct. This the mailing address of the disbursement. Changes to this address must be completed through our purchasing department (purchasing@uada.edu).

Do not sign this form unless all of the information is correct. A new form will be generated if address changes are required for the disbursement.

Supplier Remit To:

Check Address Line 1

Check Address Line 2

City State Zip

Signature of Organization's Authorized Representative	Title	Date
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Signature of Organization's Authorized Representative	Title	Date
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Associate/Assistant Vice President of Finance & Administration University of Arkansas Division of Agriculture	Date
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