



VCU Procurement Services

Preceptor Payments

Purchase Order #

Banner ID Number
(if known)

Payee's SSN Number if
Banner ID is not known:
(for tax reporting
purposes)

Payee's Name:

Payee's Address:

Street Address

City

State

Zip code

Phone number and/or
email address

Payee's Signature or attach
copy of signed contract

Business
Purpose/Justification:

(Detailed description.
Do not use acronyms.)

Total Amount:

Index/Account

Requestor Signature:

Signature

Printed Name

Date

Department Approver
Signature:

Signature

Printed Name/Phone Number

Date

Authorized Approver
Signature:
(Required for amounts
exceeding \$2,000)

Signature

Printed Name

Date

**VCU issues a 1099-MISC form for cumulative payments of \$600 or more in a calendar year.
Payments that require special handling must be submitted to your business office 5 business days in advance of payment needs.
Questions regarding application of these guidelines may be directed to Accounts Payable at 828-1077.**