

**GROSSMONT-CUYAMACA COMMUNITY COLLEGE DISTRICT
Request for Payment**

Payee	_____
Address	_____

City	_____ State _____ Zip _____

AMOUNT OF PAYMENT \$ _____

Additional Instructions

PURPOSE OF PAYMENT

Smartkey and Spend Category

Trust Administrator Approval
(If Trust Fund Number)

Requester _____ Ext. _____ Date _____
Department _____ Dean/Director Approval _____
Site Business Office Approval _____

Attach copy of invoice and/or other supporting documentation (W-9)