

RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC.

INSTRUCTIONS

- USE WHEN AN INVOICE IS NOT AVAILABLE OR TOO SMALL FOR THE APPROVAL STAMP
- DO NOT USE TO PAY CONSULTANTS, LECTURERS OR TRAVEL. USE THE SPECIAL PURPOSE FORMS INSTEAD

PAY ORDER

DATE	<input type="checkbox"/> PAYEE IS A CORPORATION	IF NOT A CORPORATION →	SOC. SEC. NO. <input type="checkbox"/>	FED. EMPLOYER NO. <input type="checkbox"/>
OR				
PAYEE NAME				
STREET ADDRESS 1 (HOME ADDRESS IF PAYEE IS NOT A BUSINESS)				
STREET ADDRESS 2				
CITY, STATE, ZIP				

DESCRIPTION OF ITEMS TO BE PAID	AMOUNT

SPECIAL MAILING INSTRUCTIONS	TOTAL
	\$

ACCOUNT	PROJECT	TASK	AWARD
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EXPENDITURE TYPE	ORGANIZATION (DEPARTMENT)	SUPPORTING DOCUMENTS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
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NOTE: MISSING CODES WILL BE ENTERED BY THE RFMH BUSINESS OFFICE **IF PARTIAL PAYMENT CHECK HERE**

APPROVAL SIGNATURE I CERTIFY THAT THIS PAYMENT IS FOR THE APPROVED PURPOSE OF THE ACCOUNT(S) TO BE CHARGED	TITLE	DATE
APPROVAL SIGNATURE	TITLE	DATE
APPROVAL SIGNATURE	TITLE	DATE

FOR BUSINESS OFFICE USE		FOR CONTROLLER'S OFFICE USE	
DATE ENTERED	SIGNATURE	SIGNATURE	DATE PAID