

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"/>	OR FED. EMPLOYER NO. <input type="checkbox"/>
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 <small>I CERTIFY THAT THIS PAYMENT IS FOR THE APPROVED PURPOSE OF THE ACCOUNT(S) TO BE CHARGED</small>	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