

UNC SCHOOL OF MEDIA AND JOURNALISM  
**INTERNAL PAYMENT PROCESSING FORM**

**Instructions:**

- ATTACH RECEIPTS OR INVOICE TO THIS FORM.
- ADD ADDITIONAL SHEETS IF NECESSARY
- RECEIPTS MUST BE TURNED IN WITHIN 10 DAYS OF PURCHASE
- IF REIMBURSEMENT IS FOR A MEAL, LIST NAMES OF ATTENDEES BELOW (UP TO 8 PEOPLE). RECEIPT MUST BE ITEMIZED.
- PROVIDE A CLEAR DESCRIPTION OF REASON FOR PURPOSE/ACTIVITY.

Name: \_\_\_\_\_ PID#: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Fund	Source	Program	CC1	CC2	CC3
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Description of Purpose/Activity:**

	<b>Total:</b>

**Signature (Optional)**

**Date**

My signature confirms that these expenses are properly documented and supported by the attached receipts or invoices; and are appropriate University business purposes in compliance with University policies.\*

**BUDGET APPROVAL:**

**Signature (Required)**

**Date**

\*All payments must receive budget approval before being submitted to the accounting office for processing.