

Drexel University

Request to the Comptroller
to pay *CASH*

COMPTROLLER'S
USE

DATE

AMOUNT

ACCOUNT NUMBER

PAYEE
NAME
& SSN

ACCOUNT NAME

PURPOSE

SUPPORTING DOCUMENTATION MUST BE ATTACHED

AUTHORIZED SIGNATURE

Joseph Gonzalez - Budget Coordinator SAFAC

NAME AND TITLE

COMPTROLLER'S USE

PAYMENT RECEIVED

(PAYEE SIGNATURE AT CASHIER'S WINDOW)