

BARNARD COLLEGE
REQUEST FOR PAYMENT TO/FROM COLUMBIA UNIVERSITY

Department Name: _____

Barnard Account Number: _____

Columbia Account Number: _____
(if available)

Amount: _____

Description: _____

Columbia Contact & Address: _____

Department Approval: _____

Budget Director's Approval: _____
(only required for salary related payments/billings)

Date: _____

Please attach supporting documentation to this form (i.e. invoice from Columbia) and submit as follows:
1) For Payments to Columbia - Submit to Accounts Payable
2) For Billings to Columbia - Submit to the Budget Director