



Request for Payment to Kroger

Cost Center
Name: _____

Date: _____

PO#: _____

And, if applicable,

Account #: _____

Amount: _____

Reason for Purchase:

Please copy your receipt for purchase to the right and fax your completed form to Accounts Payable at 485-7036; ***do not*** remove information such as the register, transaction or invoice numbers from the original receipt for purchase. Keep the original form and receipt for your records.

** Originals must be retained for auditing purposes.

** Agendas and sign-in sheets for all meetings must be attached to this form.



**COPY ORIGINAL RECEIPT
IMAGE HERE.**

**DO NOT COVER
THIS SECTION WITH
RECEIPT IMAGES.**

Completing a Request for Payment Form

Step One: Provide all information requested on the form (i.e. Cost Center Name, PO#, etc.).
Do not leave this section incomplete.

Step Two: Attach your original receipt for purchase to the form in the designated space. If necessary, an additional **blank** sheet can be attached to your form to provide the necessary space. If your receipt must be cut to fit on the form, please make sure you do not cut through any information on the receipt and that none of the information is left out.

Step Three: Make a copy of your completed form. The original form with the attached receipts should be kept for your records; the copy should be faxed to Accounts Payable at 502-485-7036 or 502-485-3894. **Please make sure that your copy is legible.**

***When you fax your completed form to Accounts Payable it is not necessary to also mail a hard copy. Please do not fax **and** mail your requests.

***This form should be used for **ALL** register receipts (i.e. Target, Kroger, Papa John's, etc.). Receipts received **NOT** attached to a payment request form will be returned to you at your cost center for correction.

***Originals must be retained for auditing purposes.

***Agendas and sign in sheets for all meetings should be attached to your request for payment.