



# Miscellaneous Payment Request Form

Name/Department: \_\_\_\_\_

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

**Description**

**Payee Name/Address**

Description	Payee Name/Address

***Please complete this form and email it to [mtechinvoices@avidbill.com](mailto:mtechinvoices@avidbill.com)***

***Please attach supporting documentation to the form if available.***

MOUNTAINLAND  
TECHNICAL COLLEGE

***\*\*\*This form is not for travel expenses\*\*\****