



Baylor College of Medicine Payment Request Form – Supply Chain Card

Please attach supporting documentation (invoice, quote, email approvals) with this request.

1 Requestor Information

Name _____ BCM Employee ID _____
Email _____ Telephone _____

2 Accounting Information

Company _____ Cost Object Type _____
Cost Center/WBS _____ Business Area _____
Fund Type _____ Internal Order _____
Department _____

3 Vendor Information

Vendor Name _____
Vendor Website _____
Amount _____ Purchase details _____

4 Signatures

_____	_____	_____
Requestor Name	Requestor Signature	Date
_____	_____	_____
Administrator Name	Administrator Signature	Date

Please forward this signed request to the Card Administrator (cardadmin@bcm.edu) or Supply Chain.